

|              |   |   |     |               |                         |                |  |
|--------------|---|---|-----|---------------|-------------------------|----------------|--|
| <b>Tab 1</b> | <b>SB 638</b> by <b>Martin</b> ; Identical to H 01251 Home Inspectors                                 |   |     |               |                         |                |  |
| <b>Tab 2</b> | <b>SB 940</b> by <b>McClain</b> ; Similar to CS/H 00543 Third-party Restaurant Reservation Platforms  |   |     |               |                         |                |  |
| 307066       | D   | S | RCS | RI, McClain   | Delete everything after | 03/19 12:25 PM |  |
| <b>Tab 3</b> | <b>SB 1298</b> by <b>Simon</b> ; Similar to H 00707 Building Construction                             |   |     |               |                         |                |  |
| <b>Tab 4</b> | <b>SB 1418</b> by <b>DiCeglie</b> ; Similar to CS/H 00785 Heated Tobacco Products                     |   |     |               |                         |                |  |
| 247328       | A   | S | RCS | RI, DiCeglie  | Delete L.53 - 55:       | 03/19 12:07 PM |  |
| <b>Tab 5</b> | <b>SB 196</b> by <b>Gruters</b> ; Identical to H 00525 Foods Containing Vaccines or Vaccine Materials |   |     |               |                         |                |  |
| 841778       | A   | S | RCS | RI, Gruters   | btw L.65 - 66:          | 03/19 12:09 PM |  |
| 783348       | A   | S | RCS | RI, Calatayud | btw L.65 - 66:          | 03/19 12:09 PM |  |
| <b>Tab 6</b> | <b>SB 960</b> by <b>Bernard</b> ; Identical to H 00299 Elevator Accessibility Requirements            |   |     |               |                         |                |  |
| <b>Tab 7</b> | <b>SB 1262</b> by <b>Burgess</b> ; Similar to H 00755 Construction Contracting                        |   |     |               |                         |                |  |
| 608978       | D   | S | RCS | RI, Burgess   | Delete everything after | 03/19 12:15 PM |  |
| <b>Tab 8</b> | <b>SB 1304</b> by <b>Bradley</b> ; Identical to H 01595 Solar Facilities                              |   |     |               |                         |                |  |
| 450692       | A   | S | RCS | RI, Bradley   | Delete L.68:            | 03/19 12:17 PM |  |
| <b>Tab 9</b> | <b>SB 1742</b> by <b>Bradley</b> ; Compare to CS/H 00913 Condominium and Cooperative Associations     |   |     |               |                         |                |  |

**The Florida Senate**  
**COMMITTEE MEETING EXPANDED AGENDA**

**REGULATED INDUSTRIES**  
**Senator Bradley, Chair**  
**Senator Pizzo, Vice Chair**

**MEETING DATE:** Wednesday, March 19, 2025  
**TIME:** 9:00—11:00 a.m.  
**PLACE:** Pat Thomas Committee Room, 412 Knott Building

**MEMBERS:** Senator Bradley, Chair; Senator Pizzo, Vice Chair; Senators Bernard, Boyd, Burgess, Calatayud, Fine, Gruters, and Ingoglia

| TAB | BILL NO. and INTRODUCER   | BILL DESCRIPTION and<br>SENATE COMMITTEE ACTIONS  | COMMITTEE ACTION           |
|-----|---|---|----------------------------|
| 1   | <b>SB 638</b><br>Martin<br>(Identical H 1251)                     | Home Inspectors; Revising the examination and disclosure requirements for home inspectors; requiring home inspectors to maintain an errors and omissions insurance policy in a specified amount, etc.<br><br>RI      03/19/2025 Favorable<br>CA<br>RC   | Favorable<br>Yeas 8 Nays 0 |
| 2   | <b>SB 940</b><br>McClain<br>(Similar CS/H 543)                    | Third-party Restaurant Reservation Platforms; Prohibiting a third-party restaurant reservation platform from listing, advertising, promoting, or selling a reservation for a food service establishment if no relationship or contract exists to offer or arrange such services; authorizing the Division of Hotels and Restaurants of the Department of Business and Professional Regulation to impose a specified civil penalty, etc.<br><br>RI      03/19/2025 Fav/CS<br>CM<br>RC  | Fav/CS<br>Yeas 8 Nays 0    |
| 3   | <b>SB 1298</b><br>Simon<br>(Similar H 707, Compare H 1441, S 740) | Building Construction; Requiring the Florida Building Code Administrators and Inspectors Board to establish by rule certain internship programs, certain eligibility criteria for one- and two-family dwelling inspector certifications, and a certain application process; authorizing an owner or, in certain circumstances, an owner's agent to sign certain documents personally or virtually; requiring a newly designated qualifying agent to apply to the Department of Business and Professional Regulation for a change of contractor within a certain timeframe in certain jurisdictions; revising the threshold contract value amount at which a building permit issuing authority must require an applicant to file a copy of a notice of commencement, etc.<br><br>RI      03/19/2025 Favorable<br>AEG<br>RC | Favorable<br>Yeas 8 Nays 0 |

**COMMITTEE MEETING EXPANDED AGENDA**

Regulated Industries

Wednesday, March 19, 2025, 9:00—11:00 a.m.

| TAB | BILL NO. and INTRODUCER                          | BILL DESCRIPTION and SENATE COMMITTEE ACTIONS  | COMMITTEE ACTION           |
|-----|--|--|----------------------------|
| 4   | <b>SB 1418</b><br>DiCeglie<br>(Similar CS/H 785) | Heated Tobacco Products; Revising the definition of the term "cigarette"; revising the definition of the term "tobacco product"; defining the term "heated tobacco product"; revising the definition of the term "tobacco product", etc.<br><br>RI 03/19/2025 Fav/CS<br>FT<br>AP   | Fav/CS<br>Yeas 8 Nays 0    |
| 5   | <b>SB 196</b><br>Gruters<br>(Identical H 525)    | Foods Containing Vaccines or Vaccine Materials; Revising the definition of the term "drug"; defining the term "vaccine or vaccine material"; deeming a drug misbranded if it is a food containing a vaccine or vaccine material, but its label does not include specified information, etc.<br><br>RI 03/19/2025 Fav/CS<br>AEG<br>RC   | Fav/CS<br>Yeas 8 Nays 0    |
| 6   | <b>SB 960</b><br>Bernard<br>(Identical H 299)    | Elevator Accessibility Requirements; Requiring elevator car interiors to have at least one support rail that meets certain specifications, etc.<br><br>RI 03/19/2025 Favorable<br>CA<br>RC   | Favorable<br>Yeas 8 Nays 0 |
| 7   | <b>SB 1262</b><br>Burgess<br>(Similar H 755)     | Construction Contracting; Revising requirements for contractor licensure by examination; requiring the Department of Business and Professional Regulation to create, adopt, and publish a notice of proposed rule for a standardized disciplinary form for a local construction regulation board to report an infraction of a registered contractor; requiring the local construction regulation board to post certain notice on its website; requiring a contractor who has received money for the repair, restoration, addition, improvement, or construction of residential real property in excess of the value of the work to work without unreasonable delay to complete the project after a specified timeframe and to provide a schedule for completion of the project within a specified timeframe upon request; providing penalties, etc.<br><br>RI 03/19/2025 Fav/CS<br>AEG<br>RC | Fav/CS<br>Yeas 8 Nays 0    |

**COMMITTEE MEETING EXPANDED AGENDA**

Regulated Industries

Wednesday, March 19, 2025, 9:00—11:00 a.m.

| TAB | BILL NO. and INTRODUCER                         | BILL DESCRIPTION and SENATE COMMITTEE ACTIONS  | COMMITTEE ACTION        |
|-----|---|--|-------------------------|
| 8   | <b>SB 1304</b><br>Bradley<br>(Identical H 1595) | Solar Facilities; Defining the terms “agricultural land” and “decommissioned”; authorizing a county to adopt an ordinance requiring that certain solar facilities be properly decommissioned under certain circumstances; deleting a provision providing that a solar facility is a permitted use in certain land use categories and zoning districts subject to compliance certain requirements; deleting a provision exempting solar facility substations from the electric substations for which local governments may adopt and enforce certain land development regulations, etc.<br><br>RI 03/19/2025 Fav/CS<br>CA<br>FP | Fav/CS<br>Yeas 8 Nays 0 |

|   |   |   |                       |
|---|---|---|-----------------------|
| 9 | <b>SB 1742</b><br>Bradley<br>(Compare CS/H 913) | Condominium and Cooperative Associations; Revising the methods of delivery for a copy of the most recent association financial report to include electronic delivery via the Internet; authorizing a unit-owner-controlled association to obtain a line of credit in lieu of maintaining reserves for budgets adopted on or before a specified date upon a majority vote of the association; revising the disclosures that must be included in a contract for the sale and resale of a residential unit; requiring a board to use best efforts to make prudent investment decisions in fulfilling its duty to manage operating and reserve funds of the association, etc.<br><br>RI 03/19/2025 Temporarily Postponed<br>AEG<br>RC | Temporarily Postponed |
|---|---|---|-----------------------|

| TAB | OFFICE and APPOINTMENT (HOME CITY) | FOR TERM ENDING | COMMITTEE ACTION |
|-----|------------------------------------|-----------------|------------------|
|-----|------------------------------------|-----------------|------------------|

**Senate Confirmation Hearing:** A public hearing will be held for consideration of the below-named executive appointments to the offices indicated.

**Board of Architecture and Interior Design**

|    |                                    |            |                                    |
|----|------------------------------------|------------|------------------------------------|
| 10 | Clary, Charles W. III (Baker)      | 10/31/2025 | Recommend Confirm<br>Yeas 8 Nays 0 |
|    | Jones, Peter W. (Port St. Lucie)   | 10/31/2027 | Recommend Confirm<br>Yeas 8 Nays 0 |
|    | Frank, Beverly L. (St. Petersburg) | 10/31/2027 | Recommend Confirm<br>Yeas 8 Nays 0 |

**Barbers' Board**

|  |                  |            |                                    |
|--|------------------|------------|------------------------------------|
|  | Carroll, John () | 10/31/2025 | Recommend Confirm<br>Yeas 8 Nays 0 |
|--|------------------|------------|------------------------------------|

**COMMITTEE MEETING EXPANDED AGENDA**

Regulated Industries

Wednesday, March 19, 2025, 9:00—11:00 a.m.

| TAB  | OFFICE and APPOINTMENT (HOME CITY)          | FOR TERM ENDING | COMMITTEE ACTION                   |
|--|---|-----------------|------------------------------------|
| <b>Florida Building Commission</b>                       |   |                 |                                    |
|  | Garra, John Norman (Sunrise)                | 11/21/2027      | Recommend Confirm<br>Yeas 8 Nays 0 |
| <b>Construction Industry Licensing Board</b>             |   |                 |                                    |
|  | Kobie, Fred (LaBelle)                       | 10/31/2028      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Zettle, Brian (Tallahassee)                 | 10/31/2027      | Recommend Confirm<br>Yeas 8 Nays 0 |
| <b>Electrical Contractors' Licensing Board</b>           |   |                 |                                    |
|  | Bassett, Douglas Pope (Fort Myers)          | 10/31/2027      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Tibbs, Clarence Kelley (Leesburg)           | 10/31/2027      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Smith, Donald L., Jr. (St. Johns)           | 10/31/2027      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | McElroy, Kevin D. II (Orlando)              | 10/31/2026      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Lombardo, Robert D. (Bonita Springs)        | 10/31/2026      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Gonzalez, Gilbert Timothy (Tampa)           | 10/31/2026      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Echarri, Rafael (Miami)                     | 10/31/2025      | Recommend Confirm<br>Yeas 8 Nays 0 |
| <b>Board of Professional Engineers</b>                   |   |                 |                                    |
|  | Gonzalez, James (Jacksonville)              | 10/31/2027      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Shrader, Brock (Orlando)                    | 10/31/2025      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Shah, Pankaj (Clearwater)                   | 10/31/2028      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Ramsey, Denise Marie (Jacksonville)         | 10/31/2027      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Pistorino, John Charles (Pinecrest)         | 10/31/2027      | Recommend Confirm<br>Yeas 8 Nays 0 |
| <b>Board of Funeral, Cemetery, and Consumer Services</b> |   |                 |                                    |
|  | Clay, Sanjena V. (West Palm Beach)          | 09/30/2027      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Quinn, William (Jupiter)                    | 09/30/2025      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Jensen, Christian E., Jr. (Pensacola Beach) | 09/30/2027      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Clark, Andrew D. (Ocala)                    | 09/30/2027      | Recommend Confirm<br>Yeas 8 Nays 0 |

**COMMITTEE MEETING EXPANDED AGENDA**

Regulated Industries

Wednesday, March 19, 2025, 9:00—11:00 a.m.

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| TAB  | OFFICE and APPOINTMENT (HOME CITY)   | FOR TERM ENDING | COMMITTEE ACTION                   |
|--|--------------------------------------|-----------------|------------------------------------|
|  | Chapman, David H. (Destin)           | 09/30/2027      | Recommend Confirm<br>Yeas 8 Nays 0 |
| <hr/>                                      |                                      |                 |                                    |
| <b>Florida Public Service Commission</b>   |                                      |                 |                                    |
|  | La Rosa, Michael (Tallahassee)       | 01/01/2029      | Recommend Confirm<br>Yeas 8 Nays 0 |
| <hr/>                                      |                                      |                 |                                    |
| <b>Florida Real Estate Appraisal Board</b> |                                      |                 |                                    |
|  | Griffin, Franklin (Tampa)            | 10/31/2027      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Patel, Prakash (Port Orange)         | 10/31/2028      | Recommend Confirm<br>Yeas 8 Nays 0 |
|  | Jones, Nicole R. (Panama City Beach) | 10/31/2027      | Recommend Confirm<br>Yeas 8 Nays 0 |

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| TAB | BILL NO. and INTRODUCER         | BILL DESCRIPTION and<br>SENATE COMMITTEE ACTIONS | COMMITTEE ACTION |
|-----|---------------------------------|--|------------------|
|     | Other Related Meeting Documents |  |                  |

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**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Regulated Industries

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BILL: SB 638

INTRODUCER: Senator Martin

SUBJECT: Home Inspectors

DATE: March 18, 2025

REVISED: \_\_\_\_\_

|    | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION           |
|----|---------|----------------|-----------|------------------|
| 1. | Baird   | Imhof          | RI        | <b>Favorable</b> |
| 2. |         |                | CA        |                  |
| 3. |         |                | RC        |                  |

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**I. Summary:**

SB 638 revises the examination and disclosure requirements for home inspectors. The bill also amends the requirements for the required course of study the home inspector must take, to provide that the course of study must:

- Increase from 120 hours to 200 hours;
- Cover state insurance inspections, wind mitigation, and four-point and roof inspections;
- Include a minimum of 8 hours covering the basics of the Florida Building Code; and
- Include a minimum of 8 hours covering report writing, including a practical component.

The bill provides that it is sufficient for a home inspector to provide a copy of their license or their license number to the customer before contracting for or commencing a home inspection.

The bill also provides that home inspectors shall maintain an ‘errors and omissions insurance policy’ in the amount of not less than \$300,000 per policy and that the home inspector must maintain both of those specified insurance policies (general liability and errors and omissions) in order to hold a valid license.

The bill provides an effective date of July 1, 2025.

**II. Present Situation:**

**The DBPR Licensing**

Sections 455.203 and 455.213, F.S., establish general licensing authority for the Department of Business and Professional Regulation (DBPR), including the authority to charge license fees and license renewal fees. When a person is authorized to engage in a profession or occupation in

Florida, the DBPR issues a “license,” which may be referred to as either a permit, registration, certificate, or license.<sup>1</sup> Those who are granted licenses are referred to as licensees.<sup>2</sup>

### Home Inspectors

Home inspectors are defined as “any person who provides or offers to provide home inspection services for a fee or other compensation.”<sup>3</sup> The Florida Legislature determined there is a need to require the licensing of home inspectors to ensure that consumers can rely on the competence of home inspectors.<sup>4</sup> According to the DBPR, there were 8,884 actively licensed home inspectors in Florida, in 2023.<sup>5</sup>

Home inspectors have to meet a number of requirements in order to receive and maintain licensure from the DBPR. The current requirements to be a properly licensed home inspector are:<sup>6</sup>

- Submission of an application;
- Passing a department approved examination;
- Completion of a department approved 120-hour course of study that covers a home’s structure, electrical system, HVAC system, roof covering, plumbing system, interior components, exterior components, and site conditions that affect the structure,
- Payment of fees;
- Being of good moral character and submitting to a criminal background check; and
- Obtaining a \$300,000 commercial general liability insurance policy.

In lieu of passing a department approved examination and completion of a department approved course of study, an applicant may obtain licensure through endorsement, so long as they maintain an insurance policy and have held a license for at least 10 years in another state or territory. However, such an applicant must apply while they hold a valid license in another state or within 2 years after the expiration of such license.<sup>7</sup>

In 2024, the Florida Legislature passed SB 382 (ch. 2024-189, Laws of Fla.) into law that exempted certain DBPR license holders from the continuing education requirements.<sup>8</sup> Among those included in the exemption were home inspectors. In order for a home inspector to be

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<sup>1</sup> Section 455.01(4), F.S.

<sup>2</sup> Section 455.01(5), F.S.

<sup>3</sup> Section 468.8311(3), F.S.

<sup>4</sup> Section 468.83(2), F.S.

<sup>5</sup> Department of Business and Professional Regulation, *Annual Report, Fiscal Year 2022-2023*, at <https://www2.myfloridalicense.com/os/documents/Division%20Annual%20Report%20FY%202022-23.pdf> (last visited March 18, 2025).

<sup>6</sup> Department of Business and Professional Regulation, *Home Inspectors – FAQs*, at <https://www2.myfloridalicense.com/home-inspectors/faqs/> (last visited March 18, 2025).

<sup>7</sup> Section 468.8314(a) and (b), F.S. The license must be from a jurisdiction that has educational requirements substantially equivalent to those required in Florida and that the home inspector must have passed a national, regional, state, or territorial licensing examination that is substantially equivalent to the examination required in Florida.

<sup>8</sup> Codified at s. 455.2124, F.S.

exempted from the continuing education requirements (14 hours, at least 2 of which are in hurricane mitigation training)<sup>9</sup>, the home inspector must:<sup>10</sup>

- Hold an active license issued by the DBPR to practice the profession;
- Have continuously held the license for at least 10 years; and
- Have had no disciplinary action imposed on the individual's license.

## **Insurance Types**

### ***Commercial General Liability Insurance***

By law, Florida requires home inspectors to maintain at minimum a \$300,000 commercial general liability insurance policy.<sup>11</sup>

Commercial general liability insurance is a standard insurance policy issued to business organizations to protect them against liability claims for bodily injury and property damage arising from a company's premises, operations, products, completed operations, and advertising, this also includes personal injury liability.<sup>12</sup>

### ***Errors and Omissions Insurance***

Errors and omissions insurance, sometimes known as professional liability insurance, protects the insured against liability for committing an error or omission in performance of professional duties.<sup>13</sup> These policies are specifically designed to protect professionals against financial losses arising from claims of negligence, errors, or omissions in the professional services they have provided, which subsequently cause financial harm to their clients.<sup>14</sup> Other jurisdictions that have implemented mandatory errors and omissions insurance requirements typically do so in order to protect not only the home inspector but also the customer contracting for the home inspector services.

## **III. Effect of Proposed Changes:**

**Section 1** of the bill revises the course of study requirements for home inspectors by increasing the minimum number of hours from 120 to 200.

Additionally, the bill provides that the required course of study must include the covering of "state insurance inspections, wind mitigation, four-point and roof inspections."

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<sup>9</sup> Section 468.8316, F.S.

<sup>10</sup> Section 455.2124(2)(a), F.S.

<sup>11</sup> Section 468.8322, F.S.

<sup>12</sup> International Risk Management Institute, Glossary of Insurance and Risk Management Terms, *Commercial General Liability Insurance*, at <https://www.irmi.com/term/insurance-definitions/commercial-general-liability-policy> (last visited March 18, 2025).

<sup>13</sup> International Risk Management Institute, Glossary of Insurance and Risk Management Terms, *Errors and Omissions Insurance*, at <https://www.irmi.com/term/insurance-definitions/errors-and-omissions-insurance> (last visited March 18, 2025).

<sup>14</sup> American Home Inspectors Training, *Everything Home Inspectors Need to Know About Errors and Omissions Insurance*, at <https://www.ahit.com/home-inspection-career-guide/home-inspector-errors-and-omissions-insurance/> (last visited March 18, 2025).

**Section 2** of the bill provides that it is sufficient for a home inspector to provide a copy of their license or their license number to the consumer before contracting for or commencing a home inspection.

**Section 3** of the bill amends the insurance requirements for a home inspector, providing that a home inspector shall maintain a commercial general liability insurance policy **and** an errors and omissions insurance policy in an amount of not less than \$300,000 per policy.

**Section 4** of the bill makes conforming changes in statute for the insurance policy requirements.

**Section 5** of the bill provides an effective date of July 1, 2025.

**IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 468.8313, 468.8321, 468.8322, and 468.8314.

**IX. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.

By Senator Martin

33-00859-25

2025638\_\_

1 A bill to be entitled  
 2 An act relating to home inspectors; amending ss.  
 3 468.8313 and 468.8321, F.S.; revising the examination  
 4 and disclosure requirements for home inspectors;  
 5 amending s. 468.8322, F.S.; requiring home inspectors  
 6 to maintain an errors and omissions insurance policy  
 7 in a specified amount; amending s. 468.8314, F.S.;  
 8 conforming a provision to changes made by the act;  
 9 providing an effective date.

10 Be It Enacted by the Legislature of the State of Florida:

11 Section 1. Subsection (2) of section 468.8313, Florida  
 12 Statutes, is amended to read:

13 468.8313 Examinations.—

14 (2) An applicant may practice in this state as a home  
 15 inspector if he or she passes the required examination, is of  
 16 good moral character, and completes a course of study of at  
 17 least 200 ~~120~~ hours that covers all of the following components  
 18 of a home: structure, electrical system, HVAC system, roof  
 19 covering, plumbing system, interior components, exterior  
 20 components, and site conditions that affect the structure. The  
 21 course must also cover state insurance inspections, wind  
 22 mitigation, and four-point and roof inspections. A minimum of 8  
 23 hours of the course must cover the basics of the Florida  
 24 Building Code and a minimum of 8 hours of the course must cover  
 25 report writing, including a practical component.

26 Section 2. Section 468.8321, Florida Statutes, is amended  
 27 to read:  
 28  
 29

Page 1 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

33-00859-25

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30 468.8321 Disclosures.—~~Before~~ ~~Prior~~ ~~to~~ contracting for or  
 31 commencing a home inspection, a home inspector shall provide to  
 32 the consumer a copy of his or her license or license number to  
 33 practice home inspection services in this state and a written  
 34 disclosure that contains the scope and any exclusions of the  
 35 home inspection.

36 Section 3. Section 468.8322, Florida Statutes, is amended  
 37 to read:

38 468.8322 Insurance.—A home inspector shall maintain a  
 39 commercial general liability insurance policy and an errors and  
 40 omissions insurance policy in an amount of not less than  
 41 \$300,000 per policy.

42 Section 4. Subsection (3) of section 468.8314, Florida  
 43 Statutes, is amended to read:

44 468.8314 Licensure.—

45 (3) The department shall certify as qualified for a license  
 46 by endorsement an applicant who is of good moral character as  
 47 determined in s. 468.8313, who maintains ~~an~~ insurance policies  
 48 policy as required by s. 468.8322, and who:

49 (a) Holds a valid license to practice home inspection  
 50 services in another state or territory of the United States,  
 51 whose educational requirements are substantially equivalent to  
 52 those required by this part; and has passed a national,  
 53 regional, state, or territorial licensing examination that is  
 54 substantially equivalent to the examination required by this  
 55 part; or

56 (b) Has held a valid license to practice home inspection  
 57 services issued by another state or territory of the United  
 58 States for at least 10 years before the date of application.

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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2025638\_\_

59 Such application must be made either when the license in another  
60 state or territory is active or within 2 years after such  
61 license was last active.

62 Section 5. This act shall take effect July 1, 2025.



# THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

## COMMITTEES:

Criminal Justice, *Chair*  
Appropriations Committee on Criminal and Civil  
Justice, *Vice Chair*  
Appropriations  
Appropriations Committee on Transportation,  
Tourism, and Economic Development  
Banking and Insurance  
Rules  
Transportation

## SENATOR JONATHAN MARTIN

33rd District

March 17, 2025

### RE: SB 638: Home Inspectors

Dear Chair Bradley,

Please allow this letter to serve as my respectful request to place SB 638, relating to Home Inspectors, on the next committee agenda.

Your kind consideration of this request is greatly appreciated. Please feel free to contact my office for any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Jonathan Martin".

Jonathan Martin  
Senate District 33

#### REPLY TO:

- 2000 Main Street, Suite 401, Fort Myers, Florida 33901 (239) 338-2570
- 315 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5033

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**BEN ALBRITTON**  
President of the Senate

**JASON BRODEUR**  
President Pro Tempore

The Florida Senate

APPEARANCE RECORD

03/19/2025

Meeting Date

SB 438

Bill Number or Topic

Regulated Industries

Committee

Deliver both copies of this form to Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Jennifer Ashton

Phone 941-773-2112

Address

Email

Street

City

State

Zip

Speaking:  For  Against  Information

OR

Waive Speaking:  In Support  Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing: International Association of Certified Home Inspectors - InternACHI

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022-Joint-Rules.pdf)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Regulated Industries

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BILL: CS/SB 940

INTRODUCER: Regulated Industries Committee and Senator McClain

SUBJECT: Third-party Reservation Platforms

DATE: March 21, 2025

REVISED: \_\_\_\_\_

|    | ANALYST  | STAFF DIRECTOR | REFERENCE | ACTION |
|----|----------|----------------|-----------|--------|
| 1. | Oxamendi | Imhof          | RI        | Fav/CS |
| 2. |          |                | CM        |        |
| 3. |          |                | RC        |        |

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 940 prohibits a third-party reservation platform (platform) from listing, advertising, promoting, or selling reservations for a public food service establishment through a platform’s website, mobile application, or other Internet service without the platform having a contractual relationship or agreement with the food service establishment, or its contractual designee, to offer or arrange for reservations for on-premises service at such public food service establishment.

The bill defines the term “third-party reservation platform” to mean any website, mobile application, or other Internet service that:

- Offers or arranges for reservations for on-premises service for a customer at a food service establishment;
- Is owned and operated by a person other than the owner of the public food service establishment; and
- Does not have a contractual relationship or agreement with the public food service establishment, or its contractual designee, to offer or arrange for a reservation at the public food service establishment for on-premises service.

The bill excludes from the definition of “third-party reservation platform” the contractual designee of an individual customer which arranges for a personal and nontransferable reservation at a food service establishment at the request of the customer and at no cost to the customer, provided that the designee shares the individual customer’s contact information with the food

service establishment, allows the food service establishment to confirm the reservation with the individual customer, and honors requests from the food service establishment to opt out of future reservations created by the designee.

The Division of Hotels and Restaurants (division) within the Department of Business and Professional Regulation (DBPR) is authorized by the bill to impose a civil penalty on a platform of up to \$1,000 for each violation of the prohibition, or of a division rule implementing the prohibition. Under the bill, violations may accrue on a daily basis for each day and each reservation for each food service establishment in which there has been a violation.

The effective date of the bill is July 1, 2025.

## II. Present Situation:

### Division of Hotels and Restaurants

The division is charged with enforcing the laws relating to the inspection and regulation of public food service establishments for the purpose of protecting the public health, safety, and welfare.<sup>1</sup>

### Public Food Service Establishments

A “public food service establishment” is defined as:

...any building, vehicle, place, or structure, or any room or division in a building, vehicle, place, or structure where food is prepared, served, or sold for immediate consumption on or in the vicinity of the premises; called for or taken out by customers; or prepared prior to being delivered to another location for consumption.<sup>2</sup>

There are several exclusions from the definition of public food service establishment, including:

- Any place maintained and operated by a public or private school, college, or university for the use of students and faculty or temporarily to serve events such as fairs, carnivals, and athletic contests;
- Any eating place maintained and operated by a church or a religious, nonprofit fraternal, or nonprofit civic organization for the use of members and associates or temporarily to serve events such as fairs, carnivals, or athletic contests;
- Any eating place located on an airplane, train, bus, or watercraft which is a common carrier;
- Any eating place maintained by a facility certified or licensed and regulated by the Agency for Health Care Administration or the Department of Children and Families;
- Any place of business issued a permit or inspected by the Department of Agriculture and Consumer Services under s. 500.12, F.S.;
- Any vending machine that dispenses any food or beverage other than potentially hazardous food;
- Any place of business serving only ice, beverages, popcorn, and prepackaged items; and

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<sup>1</sup> Section 509.032, F.S.

<sup>2</sup> Section 509.013(5)(a), F.S.

- Any research and development test kitchen limited to use by employees and not open to the general public.<sup>3</sup>

The regulation of public food service establishments is preempted to the state.<sup>4</sup>

### **Third-Party Reservation Platforms**

A third-party reservation platform is a service offered via the Internet or a mobile application through which a public food service establishment, e.g., a restaurant, or other establishment that accepts reservations, may allow patrons to schedule reservations. The reselling of reservations by third-parties has historically been an issue within the restaurant industry. Recently, third-party websites and bots<sup>5</sup> have worsened the problem and have led to situations in which reservations do not sell or patrons do not appear at the appointed time for a reservation, which results in lost sales for the public lodging establishment and the loss of income for service workers. Reservations through third-party platforms have been known to use fake names, which can cause confusion for the businesses.<sup>6</sup>

Third-party reservation platforms are not currently regulated by the State of Florida.

In 2024, the New York State Assembly passed a bill to prohibit third-party restaurant reservation services from arranging unauthorized restaurant reservations with food service establishments. The law, which became effective February 17, 2025, prohibits third-party reservation services from listing or selling reservations on a website or mobile application without a written agreement with the restaurant to include its reservations with the service. The law provides civil penalties of up to \$1,000 per violation per day.<sup>7</sup>

### **III. Effect of Proposed Changes:**

The bill creates s. 509.104, F.S., to prohibit platforms from listing, advertising, promoting, or selling reservations for a public food service establishment through a platform's website, mobile application, or other Internet service without the platform having a contractual relationship or agreement with the food service establishment, or its contractual designee, to offer or arrange for reservations for on-premises service at such public food service establishment.

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<sup>3</sup> Section 509.013(5)(b), F.S.

<sup>4</sup> Section 509.032(7), F.S.

<sup>5</sup> Merriam Webster Dictionary, defining the term "bot" to mean "a computer program that performs automatic repetitive tasks," <https://www.merriam-webster.com/dictionary/bot> (last visited Mar. 13, 2025).

<sup>6</sup> Gothamist, *New York law aims to kill 'black market' for restaurant reservations*, <https://gothamist.com/news/new-york-law-aims-to-kill-black-market-for-restaurant-reservations> (last visited March 8, 2025); and New York Post, *Third-party apps offering hard-to-get NYC restaurant reservations fuming over Hochul crackdown*, <https://nypost.com/2025/02/25/business/third-party-apps-offering-hard-to-get-nyc-restaurant-reservations-fuming-over-hochul-crackdown/> (last visited Mar. 13, 2025).

<sup>7</sup> NY Assembly Bill A10215A (2024); available at: [https://nyassembly.gov/leg/?default\\_fld=%0D%0A&leg\\_video=&bn=A10215a&term=2023&Summary=Y&Actions=Y&Committee%26nbspVotes=Y&Floor%26nbspVotes=Y&Memo=Y&Text=Y&LFIN=Y&Chamber%26nbspVideo%2FTranscript=Y](https://nyassembly.gov/leg/?default_fld=%0D%0A&leg_video=&bn=A10215a&term=2023&Summary=Y&Actions=Y&Committee%26nbspVotes=Y&Floor%26nbspVotes=Y&Memo=Y&Text=Y&LFIN=Y&Chamber%26nbspVideo%2FTranscript=Y) (Mar. 13, 2025).

The bill defines the term “third-party reservation platform” to mean any website, mobile application, or other Internet service that:

- Offers or arranges for reservations for on-premises service for a customer at a food service establishment;
- Is owned and operated by a person other than the owner of the public food service establishment; and
- Does not have a contractual relationship or agreement with the public food service establishment, or its contractual designee, to offer or arrange for a reservation at the public food service establishment for on-premises service.

The bill excludes from the definition of “third-party reservation platform” the contractual designee of an individual customer which arranges for a personal and nontransferable reservation at a food service establishment at the request of the customer and at no cost to the customer, provided that the designee shares the individual customer’s contact information with the food service establishment, allows the food service establishment to confirm the reservation with the individual customer, and honors requests from the food service establishment to opt out of future reservations created by the designee.

The bill authorizes the division to impose a civil penalty on a platform of up to \$1,000 for each violation of the prohibition in s. 509.104, F.S., or of a division rule implementing that section. Under the bill, violations may accrue on a daily basis for each day and each reservation for each food service establishment in which there has been a violation.

The effective date of the bill is July 1, 2025.

#### **IV. Constitutional Issues:**

**A. Municipality/County Mandates Restrictions:**

None.

**B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

**D. State Tax or Fee Increases:**

None.

**E. Other Constitutional Issues:**

None.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

The DBPR anticipates an indeterminate increase in fines collected for non-compliance with the requirements of the bill. The division may need additional compliance and legal staff to address non-compliance. However, the department anticipates a minimal, indeterminate increase in expenditure. If the division pursues administrative complaints against third-party reservation platforms, the division may require additional staff to investigate and gather the necessary evidence because the cases cannot be resolved via inspection.<sup>8</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates section 509.104 of the Florida Statutes.

**IX. Additional Information:****A. Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)**CS by Regulated Industries on March 19, 2025:**

The committee substitute:

- Changes the title to an act relating to "third-party reservation platforms" from an act relating to " third-party restaurant reservation platforms;"
- Provides that the act may be cited to as the "Restaurant Reservation Anti-Piracy Act;"
- Removes from the bill the definition for the term "food service establishment" and uses the term "public food service establishment" which is a term that is defined under current law in ch. 509, F.S.;

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<sup>8</sup> Department of Business and Professional Regulation, *2025 Agency Legislative Bill Analysis for HB 543* (Feb. 13, 2025) (on file with the Senate Regulated Industries Committee).

- Changes the term “third-party restaurant reservation platform” to “third-party reservation platform;”
- Expands the definition for “third-party reservation platform” to include those platforms that do not have a contractual relationship or agreement with the public food service establishment, or its contractual designee, to offer or arrange for a reservation at the public food service establishment for on-premises service; and
- Excludes from the definition of “third-party reservation platform” the contractual designee of an individual customer which arranges for a personal and nontransferable reservation at a food service establishment at the request of the customer and at no cost to the customer, provided that the designee shares the individual customer’s contact information with the food service establishment, allows the food service establishment to confirm the reservation with the individual customer, and honors requests from the food service establishment to opt out of future reservations created by the designee.

B. Amendments:

None.



307066

LEGISLATIVE ACTION

| Senate     | . | House |
|------------|---|-------|
| Comm: RCS  | . |       |
| 03/19/2025 | . |       |
|            | . |       |
|            | . |       |
|            | . |       |

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The Committee on Regulated Industries (McClain) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. This act may be cited to as the "Restaurant  
Reservation Anti-Piracy Act."

Section 2. Section 509.105, Florida Statutes, is created to  
read:

509.105 Third-party reservation platforms prohibited.-

(1) As used in this section, the term "third-party



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11 reservation platform” means a website, mobile application, or  
12 other Internet service that satisfies all of the following:

13 (a) Offers or arranges for a reservation at a public food  
14 service establishment for on-premises service.

15 (b) Is owned and operated by a person other than the owner  
16 of the public food service establishment.

17 (c) Does not have a contractual relationship or agreement  
18 with the public food service establishment, or its contractual  
19 designee, to offer or arrange for a reservation at the public  
20 food service establishment for on-premises service.

21 (2) A third-party reservation platform does not include a  
22 contractual designee of an individual customer which arranges  
23 for a personal and nontransferable reservation at a food service  
24 establishment at the request of the customer and at no cost to  
25 the customer, provided that the designee shares the individual  
26 customer’s contact information with the food service  
27 establishment, allows the food service establishment to confirm  
28 the reservation with the individual customer, and honors  
29 requests from the food service establishment to opt out of  
30 future reservations created by the designee.

31 (3) A third-party reservation platform may not list,  
32 advertise, promote, facilitate, sell, or otherwise enable a  
33 reservation at a public food service establishment.

34 (4) The division may impose a civil penalty on a third-  
35 party reservation platform in an amount not to exceed \$1,000 for  
36 each violation of this section or of a division rule. Violations  
37 under this subsection shall accrue on a daily basis for each day  
38 and each reservation for each food service establishment in  
39 which there has been a violation of this section or rules of the



307066

40 division.

41 Section 3. This act shall take effect July 1, 2025.

42

43 ===== T I T L E A M E N D M E N T =====

44 And the title is amended as follows:

45 Delete everything before the enacting clause

46 and insert:

47 A bill to be entitled

48 An act relating to third-party reservation platforms;  
49 providing a short title; creating s. 509.105, F.S.;  
50 defining the term "third-party reservation platform";  
51 specifying that a third-party reservation platform  
52 does not include certain contractual designees;  
53 prohibiting a third-party reservation platform from  
54 listing, advertising, promoting, selling, or otherwise  
55 enabling a reservation at a public food service  
56 establishment; authorizing the Division of Hotels and  
57 Restaurants of the Department of Business and  
58 Professional Regulation to impose a civil penalty not  
59 to exceed a specified amount for a violation of the  
60 act or of a division rule; providing a schedule and  
61 requirements for the accrual of such violations;  
62 providing an effective date.

By Senator McClain

9-00634A-25

2025940\_\_

1 A bill to be entitled  
 2 An act relating to third-party restaurant reservation  
 3 platforms; creating s. 509.104, F.S.; defining terms;  
 4 prohibiting a third-party restaurant reservation  
 5 platform from listing, advertising, promoting, or  
 6 selling a reservation for a food service establishment  
 7 if no relationship or contract exists to offer or  
 8 arrange such services; authorizing the Division of  
 9 Hotels and Restaurants of the Department of Business  
 10 and Professional Regulation to impose a specified  
 11 civil penalty; providing an effective date.  
 12  
 13 Be It Enacted by the Legislature of the State of Florida:  
 14  
 15 Section 1. Section 509.104, Florida Statutes, is created to  
 16 read:  
 17 509.104 Restaurant reservation platforms.-  
 18 (1) As used in this section, the term:  
 19 (a) "Food service establishment" has the same meaning as  
 20 the term "public food service establishment" as defined in s.  
 21 509.013(5).  
 22 (b) "Third-party restaurant reservation platform" means any  
 23 website, mobile application, or other Internet service that:  
 24 1. Offers or arranges for reservations for on-premises  
 25 service for a customer at a food service establishment; and  
 26 2. Is owned and operated by a person other than the owner  
 27 of such food service establishment.  
 28 (2) A third-party restaurant reservation platform may not  
 29 list, advertise, promote, or sell reservations for a food

Page 1 of 2

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

9-00634A-25

2025940\_\_

30 service establishment through the website, mobile application,  
 31 or other Internet service of such third-party restaurant  
 32 reservation platform if the platform has no contractual  
 33 relationship or agreement with the food service establishment,  
 34 or its contractual designee, to offer or arrange for  
 35 reservations for on-premises service at such food service  
 36 establishment.  
 37 (3) The division may impose a civil penalty on a third-  
 38 party restaurant reservation platform in an amount not to exceed  
 39 \$1,000 for each violation of this section or of a division rule  
 40 implementing this section. Violations under this subsection  
 41 accrue on a daily basis for each day and for each food service  
 42 establishment in which there has been a violation of this  
 43 section or a division rule.  
 44 Section 2. This act shall take effect upon becoming a law.

Page 2 of 2

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.



The Florida Senate

## Committee Agenda Request

**To:** Senator Jennifer Bradley, Chair  
Committee on Regulated Industries

**Subject:** Committee Agenda Request

**Date:** March 3, 2025

---

I respectfully request that **Senate Bill #940**, relating to Third Party Reservation Platforms, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in black ink, appearing to read "Stan McClain".

---

Senator Stan McClain  
Florida Senate, District 9

The Florida Senate

APPEARANCE RECORD

SB 940

Bill Number or Topic

Amendment Barcode (if applicable)

3/19/25

Meeting Date

Deliver both copies of this form to Senate professional staff conducting the meeting

S. Regulated Industries

Committee

Name

Ron Pierce

Phone

813.777.5578

Address

113 E. College Ave

Street

Email

Ron@teamrsa.com

JLH

City

FL

State

32301

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Booking Holdings

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

SB 0940

Bill Number or Topic

3/19/2025

Meeting Date

Regulated Industries

Committee

Amendment Barcode (if applicable)

Name Samantha Padgett

Phone (250) 224-2250

Address 230 S. Adams Street

Email Spadgett@FRLA.org

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: [X] For [ ] Against [ ] Information OR Waive Speaking: [ ] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[ ] I am appearing without compensation or sponsorship.

[X] I am a registered lobbyist, representing:

Florida Restaurants Lodging Assoc.

[ ] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flisenate.gov)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Regulated Industries

BILL: SB 1298  
 INTRODUCER: Senator Simon  
 SUBJECT: Building Construction  
 DATE: March 18, 2025      REVISED: \_\_\_\_\_

|    | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION           |
|----|---------|----------------|-----------|------------------|
| 1. | Baird   | Imhof          | RI        | <b>Favorable</b> |
| 2. |         |                | AEG       |                  |
| 3. |         |                | RC        |                  |

**I. Summary:**

SB 1298 makes numerous changes to the statutes regulating **building code administrators and building code inspectors**. The bill:

- Reinstates the continuing education requirements for building code administrators and building code inspectors that are regulated pursuant to ch. 468, F.S.
- Expands the qualifying jurisdictions that are able to enter into an interagency service agreement for building code administrators/officials.
- Clarifies the scope of what a residential inspector can cover to align with current code interpretation, limiting a residential inspector to licensing for one- and two-family residences.
- Creates three new internship programs: a residential inspector, a residential plans inspector, and a roofing inspector internship program.
- Provides statutory requirements for those newly created internship programs and authority to create proper paperwork and application processes.

The bill also makes changes to several statutes regarding **contractors**, the method of signing building permits, designating new qualifying agents, and the scope of newly designated qualifying agent’s liability. The bill provides that:

- Owners, or for owners that are a corporate entity, the owner’s agent, can personally or virtually appear and sign the building permit application.
- The owner or owner’s agent must sign a disclosure statement, personally or virtually.
- A property owner is required to sign off on permit applications when the owner is:
  - Responsible for the construction and is not hiring a licensed contractor to assume responsibility; or
  - Hiring a contractor under a direct contract of greater than \$7,500; or
  - Hiring a contractor to repair or replace an existing heating or air-conditioning system under a direct contract of \$15,000.

- A new responsibility for the contractor business organization if they are designating a new qualifying agent: the new qualifying agent must apply to the department for a "change of contractor" within 90 days after a new designation is made in each jurisdiction in which an active permit is held by the business organization's previous qualifying agent.
- The ability for a city or county building department official to request a business organization to sign a change of contractor form and establishes a method for serving notice if the business organization does not sign a change of contractor form.
- Upon receipt of the hold harmless affidavit, the building department official shall process the change of contractor to designate a new qualifying agent without requiring a notification or waiting period.
- The newly designated qualifying agent, done through the change of contractor process, is not responsible for his or her predecessor's work but is responsible for any corrective work performed on his or her predecessor's work.
- That a notice of commencement must be filed if the direct contract is greater than \$7,000.
- A requirement that a "general description of the improvement" must be included in the notice of commencement that a building permit applicant must complete and notice.
- That a permit application must be signed by the owner of the real property when the contract between the contractor and the owner is greater than \$7,500 or if repairing or replacing and existing heating or air-conditioning system, when the contract is greater than \$15,000.

The bill provides an effective date of July 1, 2025.

## **II. Present Situation:**

### **The DBPR Licensing**

Sections 455.203 and 455.213, F.S., establish general licensing authority for the Department of Business and Professional Regulation (DBPR), including the authority to charge license fees and license renewal fees. When a person is authorized to engage in a profession or occupation in Florida, the DBPR issues a "license," which may be referred to as either a permit, registration, certificate, or license.<sup>1</sup> Those who are granted licenses are referred to as licensees.<sup>2</sup>

### **Florida Building Code**

The Florida Building Codes Act (building code) is found in Part IV of ch. 553, F.S. The purpose and intent of the building code is to provide a mechanism for the uniform adoption, updating, interpretation, and enforcement of a single, unified state building code. The building code must be applied, administered, and enforced uniformly and consistently from jurisdiction to jurisdiction.<sup>3</sup>

The Florida Building Commission (commission), housed within the DBPR, implements the building code. The commission reviews several International Codes published by the International Code Council, the National Electric Code, and other nationally adopted model

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<sup>1</sup> Section 455.01(4), F.S.

<sup>2</sup> Section 455.01(5), F.S.

<sup>3</sup> Section 553.72(1), F.S.

codes to determine if the building code needs to be updated. The commission adopts an updated building code every three years.

### ***Building Code Administrators, Inspectors, and Plans Examiners***

Building officials, inspectors, and plans examiners are regulated by the Building Code Administrators and Inspectors Board (the board) within the DBPR. A building code administrator, otherwise known as a building official, is a local government employee, or a person contracted by a local government, who supervises building code activities, including plans review, enforcement, and inspection.<sup>4</sup> A building code inspector (inspector) is a local or state government employee, or a person contracted by a local government, who inspects construction that requires permits to determine compliance with building codes and state accessibility laws.<sup>5</sup>

### ***Residential Plans Inspector***

A residential plans inspector (sometimes referred to as residential plans examiner) is “a person who is qualified to inspect and determine that one-family, two-family, or three-family residences not exceeding two habitable stories above no more than one uninhabitable story and accessory use structures in connection therewith are constructed in accordance with the provisions of the governing building, plumbing, mechanical, accessibility, and electrical codes.”<sup>6</sup>

### ***Building Inspections***

Any construction work that requires a building permit also requires plans and inspections to ensure the work complies with the building code. The building code requires certain building, electrical, plumbing, mechanical, and gas inspections. Construction work may not be done beyond a certain point until it passes an inspection.

In addition to the inspections required by the building code, a building official may require other inspections of any construction work to ascertain compliance with the provisions of the building code and other laws that are enforced by the government entity.<sup>7</sup>

### ***Building Code Enforcement***

Local governments have the power to inspect all buildings, structures, and facilities within their jurisdiction in protection of the public’s health, safety, and welfare.<sup>8</sup> Every local government must enforce the building code and issue building permits.<sup>9</sup> State agencies may also enforce the building code if current law specifically authorizes them to do so, unless they have delegated responsibility to another public entity.<sup>10</sup>

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<sup>4</sup> Section 468.603(2), F.S.

<sup>5</sup> Section 468.603(4), F.S.

<sup>6</sup> Section 468.603(5)(h), F.S.

<sup>7</sup> Section 110.3, Florida Building Code, Eighth Edition.

<sup>8</sup> Section 553.72(2), F.S.

<sup>9</sup> Sections 125.01(1)(bb), 125.56(4)(a), and 553.80(1), F.S.

<sup>10</sup> Section 553.80(1), F.S.

### ***Building Permit***

A building permit is an official document or certificate issued by the local building official that authorizes performance of a specific activity.<sup>11</sup>

It is unlawful for a person, firm, or corporation to construct, erect, alter, repair, secure, or demolish any building without first obtaining a permit from the local government or from such persons as may, by resolution or regulation, be directed to issue such permit, upon the payment of reasonable fees as set forth in a schedule of fees adopted by the enforcing agency.<sup>12</sup>

To obtain a permit, an applicant must complete an application for the proposed work on the form furnished by the government entity.<sup>13</sup> A local enforcement agency<sup>14</sup> must allow applicants to submit permit applications electronically to the local enforcement agency, which must provide accepted methods of electronic submission. Accepted methods of electronic submission include, but are not limited to, email, fill-in forms available online, or third-party submission software.<sup>15</sup>

If a building official or plans reviewer denies a permit application or revokes a building permit, the building official or plans reviewer must give the permit applicant a reason for denying or revoking the permit. The reason must be based on compliance with the building code or a local ordinance. Failing to provide a reason for denying or revoking a building permit, which is based on compliance with the building code or a local ordinance, is grounds for discipline against the building official or plans reviewer's license.<sup>16</sup>

### ***Interagency Service Agreements with Building Code Officials***

In order to keep down costs for low-population jurisdictions, Florida allows building code administrators/officials to be authorized to perform any plan review or inspection for another jurisdiction under an interagency service agreement.<sup>17</sup>

### **Continuing Education Requirements**

In 2024, the Florida Legislature passed SB 382 (ch. 2024-189, Laws of Fla.) into law that exempted certain DBPR license holders from continuing education requirements.<sup>18</sup> Among those exempted from continuing education requirements were building code administrators and building code inspectors.

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<sup>11</sup> Section 202, Florida Building Code, Seventh Edition.

<sup>12</sup> Sections 125.56(4)(a) and 553.79(1), F.S.

<sup>13</sup> Section 713.135, F.S.

<sup>14</sup> A local enforcement agency is an agency of local government, a local school board, a community college board of trustees, or a university board of trustees in the State University System with jurisdiction to make inspections of buildings and to enforce the building code. Section 553.71(5), F.S.

<sup>15</sup> Sections 125.56(4)(b) and 553.79(1)(b), F.S.

<sup>16</sup> Section 553.79(1)(a), F.S.

<sup>17</sup> Section 468.603(2), F.S. *See* example of a proposal for an interagency service agreement for building permitting and inspection services for a jurisdiction with a population of less than 50,000. City of Mexico Beach, *Request for Proposals Building Permitting and Inspection Services*, at <https://mexicobeachfl.gov/uploads/2022/06/RFP-for-Building-Services-111218.pdf> (last visited March 18, 2025).

<sup>18</sup> Section 455.2124, F.S.

In order for a building administrator or code inspector to be exempted from the continuing education requirements the building administrator or building code inspector must:<sup>19</sup>

- Hold an active license issued by the board or department to practice the profession;
- Have continuously held the license for at least 10 years; and
- Have had no disciplinary action imposed on the individual's license.

### **Construction/Contractor's Professional Licenses**

Chapter 489, F.S., relates to "contracting," with part I addressing the licensure and regulation of construction contracting, and part II addressing the licensure and regulation of electrical and alarm system contracting.

#### ***Construction Contractors***

Contractor's are defined as a person who is qualified for, and is responsible for the project contracted for, for compensation, undertakes to, submits a bid to, or does himself or herself or by others construct, repair, alter, remodel, add to, demolish, subtract from, or improve any building or structure, including related improvements to real estate, for others or for resale to others.<sup>20</sup>

Owners of property when they are acting as their own contractor and providing direct, onsite supervision themselves of all work not performed by licensed contractors have an exemption from the requirement to be licensed under part I of ch. 489, F.S., under certain circumstances.

Construction contractors are either certified or registered by the Construction Industry Licensing Board (CILB) housed within the DBPR.<sup>21</sup> The CILB consists of 18 members who are appointed by the Governor and confirmed by the Senate.<sup>22</sup> The CILB meets to approve or deny applications for licensure, review disciplinary cases, and conduct informal hearings relating to discipline.<sup>23</sup>

Current law provides that local governments may approve or deny applications for licensure as a registered contractor, review disciplinary cases, and conduct informal hearings relating to discipline of registered contractors licensed in their jurisdiction.<sup>24</sup>

If an individual proposes to engage in contracting in the individual's own name, or a fictitious name where the individual is doing business as a sole proprietorship, registration or certification may be issued only to that individual.<sup>25</sup>

#### ***Contractors Operating Through Business Organizations***

If an individual proposes to engage in contracting as a business organization, including any partnership, corporation, business trust, or other legal entity, or in any name other than the applicant's legal name or a fictitious name where the applicant is doing business as a sole

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<sup>19</sup> Section 455.2124(2)(a), F.S.

<sup>20</sup> Section 489.105(3), F.S.

<sup>21</sup> See ss. 489.105, 489.107, and 489.113, F.S.

<sup>22</sup> Section 489.107(1), F.S.

<sup>23</sup> Section 489.107, F.S.

<sup>24</sup> Sections 489.117 and 489.131, F.S.

<sup>25</sup> Section 489.119(1), F.S.

proprietorship, the applicant must apply for registration or certification as the qualifying agent of the business organization.<sup>26</sup>

These qualifying agents are required to be identified to help ensure that an actual person can be responsible for the statutory requirements or if contractual or tortious disputes arise. Florida law requires these qualifying agents to provide information such as:

- an affidavit on a form provided by the board attesting that the applicant has final approval authority for all construction work performed by the business organization and that the applicant has final approval authority on all business matters, including contracts, specifications, checks, drafts, or payments, regardless of the form of payment, made by the business organization, except where a financially responsible officer is approved.<sup>27</sup>
- Written notice to the department when he or she proposes to engage in contracting in his or her own name or in affiliation with another business organization, and he or she or such new business organization shall supply the same information to the department as required of applicants under ch. 489, F.S.<sup>28</sup>
- Make disclosures to the local tax collector if qualifying agent makes an application for a business tax receipt.<sup>29</sup>
- Affixing the registration number to each application for a building permit.<sup>30</sup>

### **Notice of Commencement**

Before actually commencing to improve any real property, or recommencing or recommencing completion of any improvement after default or abandonment must record a notice of commencement in the clerk's office and post either a certified copy or a notarized statement that the notice of commencement has been filed for recording along with a copy of the notice.<sup>31</sup>

The notice of commencement must contain all of the following information:<sup>32</sup>

- A description sufficient for identification of the real property to be improved. The description must include the legal description of the property and the street address and tax folio number of the property if available or, if the street address is not available, such additional information as will describe the physical location of the real property to be improved.
- A general description of the improvement.
- The name and address of the owner, the owner's interest in the site of the improvement, and the name and address of the fee simple titleholder, if other than such owner. A lessee who contracts for the improvements is an owner as defined in s. 713.01 and must be listed as the owner together with a statement that the ownership interest is a leasehold interest.
- The name and address of the contractor.
- The name and address of the surety on the payment bond under s. 713.23, if any, and the amount of such bond.
- The name and address of any person making a loan for the construction of the improvements.

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<sup>26</sup> Section 489.119(2), F.S.

<sup>27</sup> Section 489.119(2)(b), F.S.

<sup>28</sup> Section 489.119(3)(b), F.S.

<sup>29</sup> Section 489.119(4), F.S.

<sup>30</sup> Section 489.119(5)(a), F.S.

<sup>31</sup> Section 713.13(1)(a), F.S.

<sup>32</sup> Section 713.13(1)(a)1.-7., F.S.

- The name and address within the state of a person other than himself or herself who may be designated by the owner as the person upon whom notices or other documents may be served under this part; and service upon the person so designated constitutes service upon the owner.

All notice of commencement forms must “be in substantially the following form” and goes on to provide a sample notice of commencement form.<sup>33</sup> These notice of commencement forms serve to facilitate the general legal premise of providing notice before work begins.

A notice of commencement is not required for any improvement for which the direct contract price is \$2,500 or less.<sup>34</sup>

### III. Effect of Proposed Changes:

#### Building Code Administrators/Officials

**Section 1** of the bill reinstates the continuing education requirements for building code administrators and building code inspectors that are regulated pursuant to ch. 468, F.S.

**Section 2** of the bill expands the qualifying jurisdictions that are able to enter into an interagency service agreement for building code administrators/officials to jurisdictions that have a state university, Florida College System institution, or school district with an enrollment of 50,000 or less.

Additionally, the bill clarifies the scope of what a residential inspector can cover, removing current ability for a residential inspector to cover three-family residences, limiting a residential inspector to licensing for one- and two-family residences.

The bill changes the definition of a residential inspector to mean a person who is qualified to inspect and determine whether detached one -family and two-family residences and townhomes not exceeding three stories above grade plane in height with a separate means of egress and in connection therewith, accessory use structures not exceeding three stories above grade plane.

It includes “residential plans examiner” in the definition of “plans examiner.”

#### Residential Inspectors and Residential Plans Examiners

**Section 3** of the bill requires the board to create a residential inspector internship, program with the following requirements:

- An enrollee must hold an International Code Council certification, or a legacy certification for one- and two-family dwelling inspectors issued by an industry-recognized equivalent organization, as a residential or commercial inspector in the building, electrical, plumbing, and mechanical categories before beginning the internship program, and must:
  - Complete 1 year of on-the-job training in each of the building, electrical, plumbing, and mechanical categories, under the supervision of a standard certified inspector. Previous verifiable experience that includes at least 6 months of on-the-job training in a single

<sup>33</sup> Section 713(1)(d), F.S.

<sup>34</sup> Section 713.02(5), F.S.

category under the supervision of a standard certified inspector may be counted toward the required training in that category; however, previously completed training may not substitute for more than 2 years of the total on-the-job training required under this sub-sub-subparagraph; or

- Hold a standard certification as an inspector in a category listed in s. 468.603(5) and complete at least 6 months of on-the-job training under the supervision of a standard certified inspector in each of the following categories in which the enrollee does not hold a standard certification:
  - Building.
  - Plumbing.
  - Electrical.
  - Mechanical.
  - The completion of an 80-hour residential inspector code training course.

The bill also creates a residential plans examiner internship program, with the following requirements:

- An enrollee must hold an International Code Council certification as a residential or commercial plans examiner in the building, electrical, plumbing, and mechanical categories before beginning the internship program, and must:
  - Complete 1 year of on-the-job training in each of the building, electrical, plumbing, and mechanical categories, under the supervision of a standard certified plans examiner; or
  - Hold a standard certification as a plans examiner in a category listed in s. 468.603(5) and complete at least 1 year of on-the-job training under the supervision of a standard certified plans examiner in each of the following categories in which the enrollee does not hold a standard certification:
    - Building.
    - Plumbing.
    - Electrical.
    - Mechanical.
- The completion of a 40-hour residential plans examiner code training course.

The bill also creates a roofing inspector internship program, with the following requirements:

- An enrollee must hold an International Code Council certification as a roofing inspector in this state before beginning the internship program, and must:
  - Complete 1 year of on-the-job training as a roofing inspector under the supervision of a standard certified commercial building inspector or roofing inspector; or
  - Hold a standard certification as a residential building inspector and complete at least 200 hours of on-the-job training under the supervision of a standard certified commercial building inspector or roofing inspector.
- The completion of a 40-hour roofing inspector code training course.

The bill provides that completion of a residential inspector internship program, or a residential plans examiner internship program will allow them to sit for the examination for certification as a building code inspector or plans examiner.

Further, the bill provides legislative authority for the board to be able to create appropriate forms for the application process for qualified candidates.

### **Contractors**

**Section 4** of the bill amends specifications of the current practices for owners of property, when acting as their own contractor, to sign off on required permits. The bill provides that these owners, or for owners that are a corporate entity, the owner's agent, can personally or *virtually* appear and sign the building permit application.

Additionally, the bill provides that the owner or agent must sign a disclosure statement, personally or virtually.

Further, the bill provides that a property owner is required to sign off on permit applications when the owner is:

- Responsible for the construction and is not hiring a licensed contractor to assume responsibility; or
- Hiring a contractor under a direct contract of greater than \$7,500; or
- Hiring a contractor to repair or replace an existing heating or air-conditioning system under a direct contract of \$15,000.

creates a threshold for when an owner is required to sign off on a permit application, to only instances when hiring a contractor under a direct contract of greater than \$7,500 or when repairing or replacing an existing heating or air-conditioning system under a direct contract of \$15,000.

**Section 5** of the bill provides a new responsibility for the contractor business organization if they are designating a new qualifying agent. The new qualifying agent must apply to the department for a "change of contractor" within 90 days after a new designation is made in each jurisdiction in which an active permit is held by the business organization's previous qualifying agent.

The bill provides the ability for a city or county building department official to request a business organization to sign a change of contractor form. If the previous qualifying agent who obtained the permit declines to withdraw, is unavailable, or is deceased, the owner of the project for which the permit was issued may serve a notice of change of contractor to the previous qualifying agent at his or her last known mailing or e-mail address and, after providing such notice, must submit a change of contractor form to the building department official along with a hold harmless affidavit in the form specified by the board.

Upon receipt of the hold harmless affidavit, the building department official shall process the change of contractor to designate a new qualifying agent without requiring a notification or waiting period.

The newly designated qualifying agent, done through the change of contractor process, is not responsible for his or her predecessor's work but is responsible for any corrective work performed on his or her predecessor's work.

**Section 6** of the bill adds the disclosure of a “general description of the improvement” to the requirements of the notice of commencement that a building permit applicant must complete.

Finally, the bill provides that a permit application must be signed by the owner of the real property when the direct contract between the contractor and such owner is greater than \$7,500 or, if repairing or replacing an existing heating or air-conditioning system, when the direct contract between the contractor and such owner is \$15,000 or greater.

**Section 7** of the bill provides an effective date of July 1, 2025.

**IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 455.2124, 468.603, 468.609, 489.103, 489.1195, and 713.135

**IX. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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By Senator Simon

3-01007-25

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1 A bill to be entitled  
 2 An act relating to building construction; amending s.  
 3 455.2124, F.S.; revising applicability of certain  
 4 provisions relating to an exemption from continuing  
 5 education requirements; amending s. 468.603, F.S.;  
 6 revising definitions; amending s. 468.609, F.S.;  
 7 requiring the Florida Building Code Administrators and  
 8 Inspectors Board to establish by rule certain  
 9 internship programs, certain eligibility criteria for  
 10 one- and two-family dwelling inspector certifications,  
 11 and a certain application process; amending s.  
 12 489.103, F.S.; authorizing an owner or, in certain  
 13 circumstances, an owner's agent to sign certain  
 14 documents personally or virtually; revising the form  
 15 of a required disclosure statement; amending s.  
 16 489.1195, F.S.; requiring a newly designated  
 17 qualifying agent to apply to the Department of  
 18 Business and Professional Regulation for a change of  
 19 contractor within a certain timeframe in certain  
 20 jurisdictions; authorizing a business organization to  
 21 sign a change of contractor form provided by a city or  
 22 county building department official under certain  
 23 circumstances; authorizing the owner of a project for  
 24 which a previous qualifying agent held a building  
 25 permit to serve a certain notice; requiring a city or  
 26 county building department official to process a  
 27 change of contractor in a certain manner upon receipt  
 28 of a hold harmless affidavit; providing that a  
 29 qualifying agent designated through a specified change

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**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

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30 of contractor process is not responsible for certain  
 31 work; amending s. 713.135, F.S.; revising the  
 32 threshold contract value amount at which a building  
 33 permit issuing authority must require an applicant to  
 34 file a copy of a notice of commencement; revising the  
 35 definition of the term "copy of the notice of  
 36 commencement"; revising the information that must be  
 37 included in a notice of commencement; requiring that a  
 38 permit application be signed by the property owner in  
 39 certain circumstances; revising the form of a building  
 40 permit application; providing an effective date.

42 Be It Enacted by the Legislature of the State of Florida:

43  
 44 Section 1. Paragraph (b) of subsection (2) of section  
 45 455.2124, Florida Statutes, is amended to read:

46 455.2124 Proration of or not requiring continuing  
 47 education.—

48 (2)

49 (b) This subsection does not apply to building code  
 50 administrators and inspectors regulated pursuant to part XII of  
 51 chapter 468; engineers regulated pursuant to chapter 471; to  
 52 certified public accountants regulated pursuant to chapter 473;  
 53 to brokers, broker associates, and sales associates regulated  
 54 pursuant to part I of chapter 475; to appraisers regulated  
 55 pursuant to part II of chapter 475; to architects, interior  
 56 designers, or landscape architects regulated pursuant to chapter  
 57 481; or to contractors regulated pursuant to chapter 489.

58 Section 2. Subsection (2) and paragraph (h) of subsection

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59 (5) of section 468.603, Florida Statutes, are amended, and  
60 paragraph (e) is added to subsection (8) of that section, to  
61 read:

62 468.603 Definitions.—As used in this part:

63 (2) "Building code administrator" or "building official"  
64 means any of those employees of municipal or county governments,  
65 or any person contracted, with building construction regulation  
66 responsibilities who are charged with the responsibility for  
67 direct regulatory administration or supervision of plan review,  
68 enforcement, or inspection of building construction, erection,  
69 repair, addition, remodeling, demolition, or alteration projects  
70 that require permitting indicating compliance with building,  
71 plumbing, mechanical, electrical, gas, fire prevention, energy,  
72 accessibility, and other construction codes as required by state  
73 law or municipal or county ordinance. This term is synonymous  
74 with "building official" as used in the Florida Building Code.  
75 One person employed or contracted by each municipal or county  
76 government as a building code administrator or building official  
77 and who is so certified under this part may be authorized to  
78 perform any plan review or inspection for which certification is  
79 required by this part, including performing any plan review or  
80 inspection as a currently designated standard certified building  
81 official under an interagency service agreement with a  
82 jurisdiction having a population of 50,000 or less or with a  
83 state university, Florida College System institution, or school  
84 district with an enrollment of 50,000 or less.

85 (5) "Categories of building code inspectors" include the  
86 following:

87 (h) "Residential inspector" means a person who is qualified

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88 to inspect and determine whether detached ~~that~~ one-family and,  
89 ~~two-family, or three-family~~ residences and townhomes not  
90 exceeding three stories above grade plane in height with a  
91 separate means of egress, not exceeding two habitable stories  
92 above no more than one uninhabitable story and, in connection  
93 therewith, accessory use structures not exceeding three stories  
94 above grade plane, in connection therewith are constructed in  
95 accordance with the provisions of the governing building,  
96 plumbing, mechanical, accessibility, and electrical codes.

97 (8) "Plans examiner" means a person who is qualified to  
98 determine that plans submitted for purposes of obtaining  
99 building and other permits comply with the applicable building,  
100 plumbing, mechanical, electrical, gas, fire prevention, energy,  
101 accessibility, and other applicable construction codes. The term  
102 includes a residential plans examiner who is qualified to  
103 determine that plans submitted for purposes of obtaining  
104 building and other permits comply with the applicable  
105 residential building, plumbing, mechanical, electrical, gas,  
106 energy, accessibility, and other applicable construction codes.  
107 Categories of plans examiners include:

108 (e) Residential plans examiner.

109 Section 3. Paragraph (b) of subsection (10) of section  
110 468.609, Florida Statutes, is amended to read:

111 468.609 Administration of this part; standards for  
112 certification; additional categories of certification.—

113 (10)

114 (b) The board shall by rule establish:

115 1. Reciprocity of certification with any other state that  
116 requires an examination administered by the International Code

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117 Council.

118 2. That an applicant for certification as a building code  
119 inspector or plans examiner may apply for a provisional  
120 certificate valid for the duration of the internship period.

121 3. That partial completion of an internship program is  
122 transferable among jurisdictions, private providers, and firms  
123 of private providers on a form prescribed by the board.

124 4. That an applicant may apply for a standard certificate  
125 on a form prescribed by the board upon successful completion of  
126 an internship certification program.

127 5. That an applicant may apply for a standard certificate  
128 at least 30 days but no more than 60 days before completing the  
129 internship certification program.

130 6. That a building code inspector or plans examiner who has  
131 standard certification may seek an additional certification in  
132 another category by completing an additional nonconcurrent 1-  
133 year internship program in the certification category sought and  
134 passing an examination administered by the International Code  
135 Council and a board-approved 40-hour code training course.

136 7. A residential inspector internship program, with the  
137 following requirements:

138 a. An enrollee must hold an International Code Council  
139 certification, or a legacy certification for one- and two-family  
140 dwelling inspectors issued by an industry-recognized equivalent  
141 organization, as a residential or commercial inspector in the  
142 building, electrical, plumbing, and mechanical categories before  
143 beginning the internship program, and must:

144 (I) Complete 1 year of on-the-job training in each of the  
145 building, electrical, plumbing, and mechanical categories, under

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146 the supervision of a standard certified inspector. Previous  
147 verifiable experience that includes at least 6 months of on-the-  
148 job training in a single category under the supervision of a  
149 standard certified inspector may be counted toward the required  
150 training in that category; however, previously completed  
151 training may not substitute for more than 2 years of the total  
152 on-the-job training required under this sub-sub-subparagraph; or

153 (II) Hold a standard certification as an inspector in a  
154 category listed in s. 468.603(5) and complete at least 6 months  
155 of on-the-job training under the supervision of a standard  
156 certified inspector in each of the following categories in which  
157 the enrollee does not hold a standard certification:

158 (A) Building.

159 (B) Plumbing.

160 (C) Electrical.

161 (D) Mechanical.

162 b. The completion of an 80-hour residential inspector code  
163 training course.

164 8. A residential plans examiner internship program, with  
165 the following requirements:

166 a. An enrollee must hold an International Code Council  
167 certification as a residential or commercial plans examiner in  
168 the building, electrical, plumbing, and mechanical categories  
169 before beginning the internship program, and must:

170 (I) Complete 1 year of on-the-job training in each of the  
171 building, electrical, plumbing, and mechanical categories, under  
172 the supervision of a standard certified plans examiner; or

173 (II) Hold a standard certification as a plans examiner in a  
174 category listed in s. 468.603(5) and complete at least 1 year of

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175 on-the-job training under the supervision of a standard  
 176 certified plans examiner in each of the following categories in  
 177 which the enrollee does not hold a standard certification:

178 (A) Building.  
 179 (B) Plumbing.  
 180 (C) Electrical.  
 181 (D) Mechanical.

182 b. The completion of a 40-hour residential plans examiner  
 183 code training course.

184 9. A roofing inspector internship program, with the  
 185 following requirements:

186 a. An enrollee must hold an International Code Council  
 187 certification as a roofing inspector in this state before  
 188 beginning the internship program, and must:

189 (I) Complete 1 year of on-the-job training as a roofing  
 190 inspector under the supervision of a standard certified  
 191 commercial building inspector or roofing inspector; or  
 192 (II) Hold a standard certification as a residential  
 193 building inspector and complete at least 200 hours of on-the-job  
 194 training under the supervision of a standard certified  
 195 commercial building inspector or roofing inspector.

196 b. The completion of a 40-hour roofing inspector code  
 197 training course.

198 10. The following eligibility criteria for one- and two-  
 199 family dwelling inspector certifications:

200 a. Completion of a residential inspector internship  
 201 program; or

202 b. Completion of a residential plans examiner internship  
 203 program.

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204 11. An application process for qualified candidates which  
 205 includes the voluntary certification categories created by the  
 206 board pursuant to paragraph (a) on provisional certification  
 207 application forms.

208 Section 4. Paragraph (c) of subsection (7) of section  
 209 489.103, Florida Statutes, is amended to read:  
 210 489.103 Exemptions.—This part does not apply to:  
 211 (7)

212 (c) To qualify for exemption under this subsection, an  
 213 owner or, for an owner that is a corporate entity, the owner's  
 214 agent must personally or virtually appear and sign the building  
 215 permit application and disclosure statement and must satisfy  
 216 local permitting agency requirements, if any, proving that the  
 217 owner has a complete understanding of the owner's obligations  
 218 under the law as specified in the disclosure statement in this  
 219 section. However, for purposes of implementing a "United States  
 220 Department of Energy SunShot Initiative: Rooftop Solar  
 221 Challenge" grant and the participation of county and municipal  
 222 governments, including local permitting agencies under the  
 223 jurisdiction of such county and municipal governments, an  
 224 owner's notarized signature or personal appearance to sign the  
 225 permit application is not required for a solar project, as  
 226 described in subparagraph (a)3., if the building permit  
 227 application is submitted electronically to the permitting agency  
 228 and the owner certifies the application and disclosure statement  
 229 using the permitting agency's electronic confirmation system. If  
 230 any person violates the requirements of this subsection, the  
 231 local permitting agency shall withhold final approval, revoke  
 232 the permit, or pursue any action or remedy for unlicensed

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 233 activity against the owner and any person performing work that  
 234 requires licensure under the permit issued. The local permitting  
 235 agency shall provide the person with a disclosure statement in  
 236 substantially the following form:

237  
 238 DISCLOSURE STATEMENT

239  
 240 1. I understand that state law requires construction  
 241 to be done by a licensed contractor and have applied  
 242 for an owner-builder permit under an exemption from  
 243 the law. The exemption specifies that I, as the owner  
 244 of the property listed, may act as my own contractor  
 245 with certain restrictions even though I do not have a  
 246 license.

247  
 248 2. I understand that permit applications building  
 249 permits are ~~not~~ required to be signed by a property  
 250 owner when unless he or she is responsible for the  
 251 construction and is not hiring a licensed contractor  
 252 to assume responsibility; when hiring a contractor  
 253 under a direct contract of greater than \$7,500; or  
 254 when repairing or replacing an existing heating or  
 255 air-conditioning system under a direct contract of  
 256 \$15,000 or greater.

257  
 258 3. I understand that, as an owner-builder, I am the  
 259 responsible party of record on a permit. I understand  
 260 that I may protect myself from potential financial  
 261 risk by hiring a licensed contractor and having the

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 262 permit filed in his or her name instead of my own  
 263 name. I also understand that a contractor is required  
 264 by law to be licensed in Florida and to list his or  
 265 her license numbers on permits and contracts.  
 266

267 4. I understand that I may build or improve a one-  
 268 family or two-family residence or a farm outbuilding.  
 269 I may also build or improve a commercial building if  
 270 the costs do not exceed \$75,000. The building or  
 271 residence must be for my own use or occupancy. It may  
 272 not be built or substantially improved for sale or  
 273 lease, unless I am completing the requirements of a  
 274 building permit where the contractor listed on the  
 275 permit substantially completed the project. If a  
 276 building or residence that I have built or  
 277 substantially improved myself is sold or leased within  
 278 1 year after the construction is complete, the law  
 279 will presume that I built or substantially improved it  
 280 for sale or lease, which violates the exemption.  
 281

282 5. I understand that, as the owner-builder, I must  
 283 provide direct, onsite supervision of the  
 284 construction.  
 285

286 6. I understand that I may not hire an unlicensed  
 287 person to act as my contractor or to supervise persons  
 288 working on my building or residence. It is my  
 289 responsibility to ensure that the persons whom I  
 290 employ have the licenses required by law and by county

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291 or municipal ordinance.

292

293 7. I understand that it is a frequent practice of  
 294 unlicensed persons to have the property owner obtain  
 295 an owner-builder permit that erroneously implies that  
 296 the property owner is providing his or her own labor  
 297 and materials. I, as an owner-builder, may be held  
 298 liable and subjected to serious financial risk for any  
 299 injuries sustained by an unlicensed person or his or  
 300 her employees while working on my property. My  
 301 homeowner's insurance may not provide coverage for  
 302 those injuries. I am willfully acting as an owner-  
 303 builder and am aware of the limits of my insurance  
 304 coverage for injuries to workers on my property.

305

306 8. I understand that I may not delegate the  
 307 responsibility for supervising work to a licensed  
 308 contractor who is not licensed to perform the work  
 309 being done. Any person working on my building who is  
 310 not licensed must work under my direct supervision and  
 311 must be employed by me, which means that I must comply  
 312 with laws requiring the withholding of federal income  
 313 tax and social security contributions under the  
 314 Federal Insurance Contributions Act (FICA) and must  
 315 provide workers' compensation for the employee. I  
 316 understand that my failure to follow these laws may  
 317 subject me to serious financial risk.

318

319 9. I agree that, as the party legally and financially

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**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

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320 responsible for this proposed construction activity, I  
 321 will abide by all applicable laws and requirements  
 322 that govern owner-builders as well as employers. I  
 323 also understand that the construction must comply with  
 324 all applicable laws, ordinances, building codes, and  
 325 zoning regulations.

326

327 10. I understand that I may obtain more information  
 328 regarding my obligations as an employer from the  
 329 Internal Revenue Service, the United States Small  
 330 Business Administration, the Florida Department of  
 331 Financial Services, and the Florida Department of  
 332 Revenue. I also understand that I may contact the  
 333 Florida Construction Industry Licensing Board at  
 334 ...(telephone number)... or ...(Internet website  
 335 address)... for more information about licensed  
 336 contractors.

337

338 11. I am aware of, and consent to, an owner-builder  
 339 building permit applied for in my name and understand  
 340 that I am the party legally and financially  
 341 responsible for the proposed construction activity at  
 342 the following address: ...(address of property)...

343

344 12. I agree to notify ...(issuer of disclosure  
 345 statements)... immediately of any additions,  
 346 deletions, or changes to any of the information that I  
 347 have provided on this disclosure.

348

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349 Licensed contractors are regulated by laws designed to  
 350 protect the public. If you contract with a person who  
 351 does not have a license, the Construction Industry  
 352 Licensing Board and Department of Business and  
 353 Professional Regulation may be unable to assist you  
 354 with any financial loss that you sustain as a result  
 355 of a complaint. Your only remedy against an unlicensed  
 356 contractor may be in civil court. It is also important  
 357 for you to understand that, if an unlicensed  
 358 contractor or employee of an individual or firm is  
 359 injured while working on your property, you may be  
 360 held liable for damages. If you obtain an owner-  
 361 builder permit and wish to hire a licensed contractor,  
 362 you will be responsible for verifying whether the  
 363 contractor is properly licensed and the status of the  
 364 contractor's workers' compensation coverage.

365  
 366 Before a building permit can be issued, this  
 367 disclosure statement must be completed and signed by  
 368 the property owner and returned to the local  
 369 permitting agency responsible for issuing the permit.  
 370 A copy of the property owner's driver license, the  
 371 notarized signature of the property owner, or other  
 372 type of verification acceptable to the local  
 373 permitting agency is required when the permit is  
 374 issued.

375  
 376 Signature: ...(signature of property owner)...

377 Date: ...(date)....

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378  
 379 Section 5. Subsection (4) is added to section 489.1195,  
 380 Florida Statutes, to read:  
 381 489.1195 Responsibilities.-  
 382 (4) (a) When a business organization designates a new  
 383 qualifying agent, the new qualifying agent must apply to the  
 384 department for a change of contractor within 90 days after  
 385 designation in each jurisdiction in which an active permit is  
 386 held by the business organization's previous qualifying agent.  
 387 (b) Upon request of a city or county building department  
 388 official, the business organization may sign a change of  
 389 contractor form provided by such official for the purpose of  
 390 withdrawing the business organization's previous qualifying  
 391 agent as the holder of an active or expired building permit. If  
 392 the previous qualifying agent who obtained the permit declines  
 393 to withdraw, is unavailable, or is deceased, the owner of the  
 394 project for which the permit was issued may serve a notice of  
 395 change of contractor to the previous qualifying agent at his or  
 396 her last known mailing or e-mail address and, after providing  
 397 such notice, must submit a change of contractor form to the  
 398 building department official along with a hold harmless  
 399 affidavit in the form specified by the board. Upon receipt of  
 400 the hold harmless affidavit, the building department official  
 401 shall process the change of contractor to designate a new  
 402 qualifying agent without requiring a notification or waiting  
 403 period.  
 404 (c) A qualifying agent designated through a change of  
 405 contractor process pursuant to paragraph (b) is not responsible  
 406 for his or her predecessor's work but is responsible for any

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407 corrective work performed on his or her predecessor's work.

408 Section 6. Paragraph (e) of subsection (1) and paragraph  
409 (a) of subsection (7) of section 713.135, Florida Statutes, are  
410 amended, and paragraph (g) is added to subsection (1) of that  
411 section, to read:

412 713.135 Notice of commencement and applicability of lien.-

413 (1) When a person applies for a building permit, the  
414 authority issuing such permit shall:

415 (e) Require the applicant to file with the issuing  
416 authority before the first inspection a copy of the notice of  
417 commencement if the direct contract is greater than \$7,000  
418 ~~\$5,000~~. For purposes of this paragraph, the term "copy of the  
419 notice of commencement" means a ~~certified~~ copy of the recorded  
420 notice of commencement, a notarized statement that the notice of  
421 commencement has been filed for recording along with a copy  
422 thereof, or the clerk's office's official records identifying  
423 information that includes the instrument number for the notice  
424 of commencement or the number and page of book where the notice  
425 of commencement is recorded, as identified by the clerk.

426 1. In the absence of the filing of a copy of the notice of  
427 commencement, the issuing authority or a private provider  
428 performing inspection services may not perform or approve  
429 subsequent inspections until the applicant files by mail,  
430 facsimile, hand delivery, or any other means such copy with the  
431 issuing authority.

432 2. The copy of the notice of commencement must contain the  
433 name and address of the owner, the name and address of the  
434 contractor, ~~and~~ the location or address of the property being  
435 improved, and a general description of the improvement. The

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436 issuing authority shall verify that the name and address of the  
437 owner, the name of the contractor, ~~and~~ the location or address  
438 of the property being improved, and the general description of  
439 the improvement which is contained in the copy of the notice of  
440 commencement are ~~is~~ consistent with the information in the  
441 building permit application.

442 3. The issuing authority shall provide the recording  
443 information on the copy of the notice of commencement to any  
444 person upon request.

445 4. This paragraph does not require the recording of a  
446 notice of commencement before the issuance of a building permit.  
447 If a local government requires a separate permit or inspection  
448 for installation of temporary electrical service or other  
449 temporary utility service, land clearing, or other preliminary  
450 site work, such permits may be issued and such inspections may  
451 be conducted without providing the issuing authority with a copy  
452 of the notice of commencement.

453 (g) A permit application must be signed by the owner of the  
454 real property when the direct contract between the contractor  
455 and such owner is greater than \$7,500 or, if repairing or  
456 replacing an existing heating or air-conditioning system, when  
457 the direct contract between the contractor and such owner is  
458 \$15,000 or greater.

459 This subsection does not apply to a direct contract to repair or  
460 replace an existing heating or air-conditioning system in an  
461 amount less than \$15,000.

462 (7) (a) In addition to any other information required by the  
463 authority issuing the permit, the building permit application  
464

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465 must be in substantially the following form:

466

467 Tax Folio No.....

468 BUILDING PERMIT APPLICATION

469

470 Owner's Name.....

471 Owner's Address.....

472 Fee Simple Titleholder's Name (If other than owner).....

473 Fee Simple Titleholder's Address (If other than owner).....

474 City.....

475 State..... Zip.....

476 Contractor's Name.....

477 Contractor's Address.....

478 City.....

479 State..... Zip.....

480 Job Name.....

481 Job Address.....

482 City..... County.....

483 Legal Description.....

484 Bonding Company.....

485 Bonding Company Address.....

486 City..... State.....

487 Architect/Engineer's Name.....

488 Architect/Engineer's Address.....

489 Mortgage Lender's Name.....

490 Mortgage Lender's Address.....

491

492 Application is hereby made to obtain a permit to do the

493 work and installations as indicated. I certify that no work or

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494 installation has commenced prior to the issuance of a permit and

495 that all work will be performed to meet the standards of all

496 laws regulating construction in this jurisdiction. I understand

497 that a separate permit must be secured for ELECTRICAL WORK,

498 PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS,

499 TANKS, and AIR CONDITIONERS, etc., when required by this

500 jurisdiction.

501

502 OWNER'S AFFIDAVIT: I certify that all the foregoing information

503 is accurate and that all work will be done in compliance with

504 all applicable laws regulating construction and zoning.

505

506 WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF

507 COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR

508 IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF

509 COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB

510 SITE BEFORE THE FIRST INSPECTION.

511

512 IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR

513 LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR

514 RECORDING YOUR NOTICE OF COMMENCEMENT.

515

516 ... (Signature of Owner or Agent) ...

517

518 ... (including contractor) ...

519

520 STATE OF FLORIDA

521 COUNTY OF ....

522

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523 Sworn to (or affirmed) and subscribed before me this ....

524 day of ...., ...(year)..., by ...(name of person making

525 statement)....

526

527 ...(Signature of Notary Public - State of Florida)...

528 ...(Print, Type, or Stamp Commissioned Name of Notary Public)...

529

530 Personally Known .... OR Produced Identification ....

531

532 Type of Identification Produced.....

533 ...(Signature of Contractor)...

534

535 STATE OF FLORIDA

536 COUNTY OF ....

537

538 Sworn to (or affirmed) and subscribed before me this ....

539 day of ...., ...(year)..., by ...(name of person making

540 statement)....

541 ...(Signature of Notary Public - State of Florida)...

542 ...(Print, Type, or Stamp Commissioned Name of Notary Public)...

543

544 Personally Known .... OR Produced Identification ....

545

546 Type of Identification Produced.....

547

548 (Certificate of Competency Holder)

549

550 Contractor's State Certification or Registration No.....

551

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552 Contractor's Certificate of Competency No.....

553

554 APPLICATION APPROVED BY

555 .....Permit Officer

556

557 Section 7. This act shall take effect July 1, 2025.



The Florida Senate

## Committee Agenda Request

**To:** Senator Jennifer Bradley, Chair  
Committee on Regulated Industries

**Subject:** Committee Agenda Request

**Date:** March 7<sup>th</sup>, 2025

---

I respectfully request that **Senate Bill #1298**, relating to Building Construction, be placed on the:

- Committee agenda at your earliest possible convenience.
- Next committee agenda.

---

Senator Corey Simon  
Florida Senate, District 3

# APPEARANCE RECORD

3/19/2025

Meeting Date

1298

Bill Number or Topic

REGULATED INDUSTRIES

Committee

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name REMBERTO LEISECA (Lye-seka)

Phone 904-261-3327

Address PO BOX 17197

Email RON@RJLASSOC.COM

Street

FERNANDINA BEACH FL 32035

City

State

Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

BOAF

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022-JointRules.pdf)

This form is part of the public record for this meeting.

The Florida Senate

**APPEARANCE RECORD**

SB 1298

3/19/2024

Meeting Date

Senate Regulated Industries

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Julie Fess

Phone 4074023776

Address 215 South Monroe St. Suite 601

Email jfess@gunster.com

Street

Tallahassee

FL

32301

City

State

Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Building Officials Association of Florida

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

*While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flisenate.gov\)](#)*

This form is part of the public record for this meeting.

S-001 (08/10/2021)

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Regulated Industries

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BILL: CS/SB 1418

INTRODUCER: Regulated Industries Committee and Senator DiCeglie

SUBJECT: Heated Tobacco Products

DATE: March 21, 2025

REVISED: \_\_\_\_\_

|    | ANALYST         | STAFF DIRECTOR | REFERENCE | ACTION        |
|----|-----------------|----------------|-----------|---------------|
| 1. | <u>Oxamendi</u> | <u>Imhof</u>   | <u>RI</u> | <u>Fav/CS</u> |
| 2. | _____           | _____          | <u>FT</u> | _____         |
| 3. | _____           | _____          | <u>AP</u> | _____         |

---

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 1418 exempts heated tobacco products from the taxes on cigarettes and other tobacco products in ch. 210, F.S.

The bill defines the term “heated tobacco product” to mean “a product containing tobacco which produces an inhalable aerosol by heating the tobacco, and such heating, during normal use, does not involve any form of burning or combustion and does not produce any smoke.”

The bill excludes heated tobacco products from the definition for the term “cigarette,” in the context of the taxation of tobacco products under part I of ch. 210, F.S., and from the definition for the term “tobacco products” in the context of the taxation of tobacco products other than cigarettes and cigars. By excluding heated tobacco products from the meaning of cigarettes and other tobacco products, heated tobacco products would not be subject to taxation as cigarettes or other tobacco products under parts I and II of ch. 210, F.S., respectively.

A tax and a surcharge are imposed on cigarettes at different rates depending on the weight of the tobacco or the number of cigarettes in a carton. Under current law, tobacco products other than cigarettes, e.g., products such as snuff or chewing tobacco, are taxed at the rate of 25 percent of the wholesale sales price. A surcharge tax is also imposed on those products at the rate of 60 percent of the wholesale sales price.

The bill renames part II of ch. 210, F.S., from “Tax on Tobacco Products other than Cigarettes or Cigars,” to “Tax on Tobacco Products other than Cigarettes, Heated Tobacco Products, or Cigars.”

The bill subjects heated tobacco products to the same delivery requirements that are applicable under current law to other tobacco products sold by mail order, the Internet, or other remote sales, including age verification requirements.

The bill amends the definition for the term “tobacco product” in s. 569.002(8), F.S., relating to the regulation of retail tobacco permit dealers, to include heated tobacco products. Under the bill, persons who engage in the retail sale of heated tobacco products must have a retail tobacco products dealer permit issued by the Division of Alcoholic Beverages and Tobacco.

The bill takes effect on July 1, 2025.

## **II. Present Situation:**

### **Regulation of Tobacco Products and Nicotine Dispensing Devices**

The Division of Alcoholic Beverages and Tobacco (division) within the Department of Business and Professional Regulation (DBPR) is the state agency responsible for the regulation and enforcement of tobacco products under part I of ch. 569, F.S., and nicotine products under part II of ch. 569, F.S.

### **Tobacco Products Definitions**

Section 210.01(1), F.S., defines the term “cigarette” to mean:

any roll for smoking, except one of which the tobacco is fully naturally fermented, without regard to the kind of tobacco or other substances used in the inner roll or the nature or composition of the material in which the roll is wrapped, which is made wholly or in part of tobacco irrespective of size or shape and whether such tobacco is flavored, adulterated or mixed with any other ingredient.

Section 569.002(6), F.S., defines the term “tobacco products” to include loose tobacco leaves and products made from tobacco leaves, in whole or in part, and cigarette wrappers, which can be used for smoking, sniffing, or chewing, in the context of the taxation of cigarettes under part I of ch. 210, F.S.

Section 210.25(12), F.S., provides a separate definition for the term “tobacco products” in the context of the taxation of tobacco products other than cigarettes or cigars. It provides for the licensing of tobacco product manufacturers, importers, exporters, distributing agents, or wholesale dealers under part II of ch. 210, F.S. In this context, the term “tobacco products” means:

loose tobacco suitable for smoking; snuff; snuff flour; cavendish; plug and twist tobacco; fine cuts and other chewing tobaccos; shorts; refuse scraps; clippings, cuttings, and sweepings of tobacco, and other kinds and forms of

tobacco prepared in such manner as to be suitable for chewing; but “tobacco products” does not include cigarettes, as defined by s. 210.01(1), or cigars.

The definition of “tobacco products” in s. 569.002(6), F.S., is limited to the regulation of tobacco products by the division under ch. 569, F.S., and does not affect the taxation of such products under ch. 210, F.S.

### **Taxation of Tobacco Products Other than Cigarettes or Cigars**

Part II of ch. 210, F.S., imposes a tax and a surcharge tax on tobacco products other than cigarettes or cigars. Cigarettes are taxed under part I of ch. 210, F.S. Cigars are not subject to a tax.

Section 210.30(1), F.S., imposes a tax on tobacco products other than cigarettes or cigars and upon any person engaged in business as a distributor of such tobacco products at the rate of 25 percent of the wholesale sales price. The tax is levied at the time the distributor:

- Brings or causes to be brought into Florida from without the state tobacco products for sale;
- Makes, manufactures, or fabricates tobacco products in Florida for sale in Florida; or
- Ships or transports tobacco products to retailers in Florida, to be sold by those retailers.

If the tax is not paid by the distributor, the tax is imposed upon the use or storage by consumers of such tobacco products in Florida and upon consumers at the rate of 25 percent of the cost of such tobacco products.

Section 210.276(1), F.S., imposes a surcharge tax on tobacco products other than cigarettes or cigars and upon any person engaged in business as a distributor of such tobacco products at the rate of 60 percent of the wholesale sales price. The surcharge is levied at the same time the tax in s. 210.30, F.S., is levied on the distributor.

The surcharge is not levied on tobacco products shipped or transported outside Florida for sale or use outside Florida.

Section 210.25(5), F.S., defines the term “distributor” to mean:

- Any person engaged in the business of selling tobacco products in this state who brings, or causes to be brought, into this state from outside the state any tobacco products for sale;
- Any person who makes, manufactures, or fabricates tobacco products in this state for sale in Florida; or
- Any person engaged in the business of selling tobacco outside this state who ships or transports tobacco products to retailers in this state to be sold by those retailers.

Section 210.25(14), F.S., defines the term “wholesale sales price” to mean the sum of:

- The full price paid by the distributor to acquire the tobacco products, including charges by the seller for the cost of materials, the cost of labor and service, charges for transportation and delivery, the federal excise tax, and any other charge, even if the charge is listed as a separate item on the invoice paid by the distributor, exclusive of any diminution by volume or other discounts, including a discount provided to a distributor by an affiliate; and

- The federal excise tax paid by the distributor on the tobacco products if the tax is not included in the full price.

### **Retail Tobacco Products Dealer Permits**

A person must obtain a retail tobacco products dealer permit from the division for each place of business where tobacco products are sold, including sales made through a vending machine.<sup>1</sup> The fee for an annual permit is established by the division in rule at an amount to cover the regulatory costs of the program, not to exceed \$50. The fees are deposited into the Alcoholic Beverage and Tobacco Trust Fund within the DBPR.<sup>2</sup>

### **Mail Order, Internet, Other Remote Sales of Tobacco Products, and Tobacco Products Permits**

Section 210.095(5), F.S., provides requirements for the delivery of mail order, Internet, and other remote sales of tobacco products, including age verification requirements. All such deliveries are defined as “delivery sales.”<sup>3</sup>

Specific notice and shipping requirements are provided for all delivery sales, whether in-state or out-of-state. Each person who mails, ships, or otherwise delivers tobacco products in connection with an order for a delivery sale is required to:

- Include, as part of the shipping documents, in a clear and conspicuous manner, the following statement: “Tobacco Products: Florida law prohibits shipping to individuals who are not 21 years of age or older and requires the payment of all applicable taxes.”
- Use a method of mailing, shipping, or delivery which obligates the delivery service to:
  - Require the signature of an adult who resides at the delivery address and obtain proof of the legal minimum purchase age of the individual accepting delivery, if the individual appears to be under 30 years of age.
  - Require proof that the individual accepting delivery is either the addressee or the adult designated by the addressee, in the form of a valid, government-issued identification card bearing a photograph of the individual who signs to accept delivery of the shipping container.
- Provide to the delivery service, if such service is used, evidence of full compliance with requirements for the collection and remittance of all taxes imposed on tobacco products by this state with respect to the delivery sale.<sup>4</sup>

If a person accepts a purchase order for a delivery sale and delivers the tobacco products without using a delivery service, the person must comply with all of the requirements that apply to a delivery service.<sup>5</sup> Before making sales or shipping orders, entities must provide specific notice to

---

<sup>1</sup> Section 569.003, F.S.

<sup>2</sup> Section 569.003(1)(c), F.S.

<sup>3</sup> Section 210.095(1)(b), F.S.

<sup>4</sup> Section 210.095(5), F.S.

<sup>5</sup> *Id.*

the division as to shipper and receiver, with monthly reporting.<sup>6</sup> There are requirements specific to purchase orders.<sup>7</sup>

Section 210.095(8), F.S., provides that the penalty for the following violations of the delivery sale requirements is a misdemeanor of the second degree:<sup>8</sup>

- A delivery sale delivers tobacco products, on behalf of a delivery service, to an individual who is under 21 years of age.
- A violation of any provision in s. 210.095, F.S., by an individual who is under 21 years of age.

Section 210.15, F.S., requires every person, firm, or corporation desiring to engage in business as a manufacturer, importer, exporter, distributing agent, or wholesale dealer of cigarettes within Florida to have a permit issued by the division. To qualify for a permit, a person must be of good moral character and not less than 21 years of age to qualify. In addition, permits may be issued only to corporations whose officers are of good moral character and not less than 21 years of age.<sup>9</sup>

### **Nicotine Products**

Section 569.31(3), F.S., defines the term “nicotine dispensing device” to mean: any product that employs an electronic, chemical, or mechanical means to produce vapor or aerosol from a nicotine product, including, but not limited to, an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or other similar device or product, any replacement cartridge for such device, and any other container of nicotine in a solution or other form intended to be used with or within an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or other similar device or product.

Section 569.31(4), F.S., defines the term “nicotine product” to mean: any product that contains nicotine, including liquid nicotine, which is intended for human consumption, whether inhaled, chewed, absorbed, dissolved, or ingested by any means. The term also includes any nicotine dispensing device. The term does not include a:

- (a) Tobacco product, as defined in s. 569.002, F.S.;
- (b) Product regulated as a drug or device by the United States Food and Drug Administration under Chapter V of the Federal Food, Drug, and Cosmetic Act; or
- (c) Product that contains incidental nicotine.

(Emphasis added.)

Nicotine products, including nicotine dispensing devices such as electronic cigarettes (also commonly known as “vapes”), may contain nicotine, which comes from tobacco, but they do not

---

<sup>6</sup> Section 210.095(6), F.S.

<sup>7</sup> Section 210.095(7), F.S.

<sup>8</sup> Section 775.082, F.S., provides that the penalty for a misdemeanor of the second degree is punishable by a term of imprisonment not to exceed 60 days. Section 775.083, F.S., provides that the penalty for a misdemeanor of the second degree is punishable by a fine not to exceed \$500.

<sup>9</sup> Section 210.15(2)(b), F.S.

contain tobacco. It is a non-tobacco “e-liquid” that is heated and aerosolized for inhalation by the user of the device.<sup>10</sup>

### **Retail Nicotine Products Dealer Permit**

A retail nicotine products dealer permit from the division is required for each place of business where nicotine products are sold, including sales made through a vending machine.<sup>11</sup> There is no fee for the permit. A person must be 21 years of age to qualify for a retail nicotine products dealer permit.<sup>12</sup>

### **Heated Tobacco Products**

Heated tobacco products heat a compressed stick or pod of tobacco and produce an inhalable vapor or aerosol. These products do not produce smoke because the tobacco is not burned or ignited.<sup>13</sup> It is not clear that heated tobacco products are subject to taxation under ch. 210, F.S., as cigarettes or other tobacco products because the definitions for the terms cigarettes and tobacco products under ch. 210, F.S., do not appear to describe heated tobacco products, e.g., heated tobacco products are not smoked or chewed.

## **III. Effect of Proposed Changes:**

The bill exempts heated tobacco products from the taxes on tobacco products in ch. 210, F.S.

The definition of the term “cigarette” in s. 210.01(1), F.S., is revised by the bill to provide that the term does not include heated tobacco products. By excluding heated tobacco products from the meaning of cigarettes, the bill does not tax heated tobacco products as cigarettes under part I of ch. 210, F.S.

The bill amends s. 210.25, F.S., to define the term “heated tobacco products” to mean “a product containing tobacco which produces an inhalable aerosol by heating the tobacco, and such heating, during normal use, does not involve any form of burning or combustion and does not produce any smoke.” without combustion of the tobacco or by the heat generated from a combustion source that only heats rather than burns the tobacco.”

The bill changes the term “tobacco products” in s. 210.25, F.S., to “tobacco product” and revises the definition of the term to exclude any heated tobacco product. By excluding heated tobacco products from the meaning of the term “tobacco product,” heated tobacco products would not be subject to taxation as tobacco products under part II of ch. 210, F.S.

The bill also revises the definition of the term “tobacco product” in s. 210.095, F.S., to include heated tobacco products. By including heated tobacco products within the meaning of tobacco

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<sup>10</sup> American Cancer Society, What Do We Know About E-cigarettes? at: <https://www.cancer.org/cancer/risk-prevention/tobacco/e-cigarettes-vaping/what-do-we-know-about-e-cigarettes.html> (last visited Jan. 17, 2024).

<sup>11</sup> Section 569.32, F.S.

<sup>12</sup> Section 569.32(2)(a), F.S.

<sup>13</sup> Campaign for Tobacco Free Kids, *Heated Tobacco Products, Definition and Global Market*, available at: [https://assets.tobaccofreekids.org/global/pdfs/en/HTP\\_definition\\_en.pdf](https://assets.tobaccofreekids.org/global/pdfs/en/HTP_definition_en.pdf) (last visited Mar. 11, 2025).

products in this provision, the bill applies the delivery sale requirements in this section to heated tobacco products.

The bill renames part II of ch. 210, F.S., from “Tax on Tobacco Products other than Cigarettes or Cigars,” to “Tax on Tobacco Products other than Cigarettes, Heated Tobacco Products, or Cigars.”

The bill amends the definition for the term “cigarette” in s. 210.01(1), F.S., to provide that the term does not include heated tobacco products.

The bill amends the definition for the term “tobacco product” in s. 569.002(8), F.S., to include heated tobacco products as defined in s. 210.25, F.S. The bill also reenacts the definition for the term “nicotine product” in s. 569.31(4), F.S., to incorporate the revision in the bill to the definition of the term “tobacco product” in s. 569.002(8), F.S.

Under the bill, a person who engages in the retail sale of heated tobacco products must have a retail tobacco products dealer permit.

The bill takes effect on July 1, 2025.

#### **IV. Constitutional Issues:**

**A. Municipality/County Mandates Restrictions:**

None.

**B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

**D. State Tax or Fee Increases:**

Section 19(a), Article VII of the State Constitution limits the authority of the legislature to enact legislation that imposes a new state tax or fee by requiring such legislation to be approved by a two-thirds vote in each chamber of the legislature. Section 19(e), Article VII of the Florida Constitution provides that a state tax or fee imposed, authorized, or raised must be contained in a separate bill that contains no other subject. SB 1418 requires dealers of heated tobacco products to apply for a retail tobacco dealer permit, , which may cost not more than \$50 for the annual permit. By imposing a permit fee for the retail sale of a product for which the permit fee does not currently apply, the bill may be imposing a new fee and may violate the single-subject requirement of s. 19(a), Article VII of the State Constitution.

E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill exempts heated tobacco products from the taxes and surcharge taxes in parts I and II of ch. 210, F.S.

The bill requires retail dealers of heated tobacco products to obtain a retail tobacco dealer permit, which may cost not more than \$50 for the annual permit.

C. Government Sector Impact:

The Revenue Estimating Conference determined that HB 785, which is a related similar bill, would have a negative fiscal impact on the tobacco tax and surcharge in the amount of \$700,000 cash and \$800,000 recurring in Fiscal Year 2025-2026 due to the anticipated immediate impact on hookah<sup>14</sup> tobacco and new heated tobacco products entering the market.<sup>15</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 210.01, 210.095, 210.25, 569.002, and 951.22.

This bill reenacts section 569.31 of the Florida Statutes.

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<sup>14</sup> Hookah are waterpipes used to smoke specially made tobacco mixtures that are often flavored. They work by passing charcoal-heated air through the tobacco mixture and a water-filled chamber before the smoke is inhaled by the user through a tube and mouthpiece. American Lung Association, *Facts About Hookah*, <https://www.lung.org/quit-smoking/smoking-facts/health-effects/facts-about-hookah#:~:text=Hookahs%20are%20waterpipes%20that%20are,through%20a%20tube%20and%20mouthpiece> (last visited Mar. 18, 2025).

<sup>15</sup> Revenue Estimating Conference, *Revenue Impact Results for HB 785*, Mar. 7, 2025, available at: <https://edr.state.fl.us/Content/conferences/revenueimpact/archives/2025/pdf/page87-89.pdf> (last visited Mar. 18, 2025).

**IX. Additional Information:**

- A. **Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Regulated Industries on March 19, 2025:**

The CS revises the definition for “heated tobacco product” to provide that the heating of the “tobacco, during normal use, does not involve any form of burning or combustion and does not produce any smoke.”

- B. **Amendments:**

None.



247328

LEGISLATIVE ACTION

| Senate     | . | House |
|------------|---|-------|
| Comm: RCS  | . |       |
| 03/19/2025 | . |       |
|            | . |       |
|            | . |       |
|            | . |       |

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The Committee on Regulated Industries (DiCeglie) recommended the following:

**Senate Amendment**

Delete lines 53 - 55  
and insert:  
tobacco, and such heating, during normal use, does not involve  
any form of burning or combustion and does not produce any  
smoke.

By Senator DiCeglie

18-01351-25

20251418\_\_

A bill to be entitled

An act relating to heated tobacco products; amending s. 210.01, F.S.; revising the definition of the term "cigarette"; amending s. 210.095, F.S.; revising the definition of the term "tobacco product"; renaming part II of ch. 210, F.S.; prohibiting its application to heated tobacco products; amending s. 210.25, F.S.; defining the term "heated tobacco product"; conforming a provision to changes made by the act; amending s. 569.002, F.S.; revising the definition of the term "tobacco product"; amending s. 951.22, F.S.; conforming a cross-reference; reenacting s. 569.31(5), F.S., relating to definitions, to incorporate the amendment made to s. 569.002, F.S., in a reference thereto; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (1) of section 210.01, Florida Statutes, is amended to read:

210.01 Definitions.—When used in this part the following words shall have the meaning herein indicated:

(1) "Cigarette" means any roll for smoking, except one of which the tobacco is fully naturally fermented, without regard to the kind of tobacco or other substances used in the inner roll or the nature or composition of the material in which the roll is wrapped, which is made wholly or in part of tobacco irrespective of size or shape and whether such tobacco is flavored, adulterated or mixed with any other ingredient. The

Page 1 of 4

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

18-01351-25

20251418\_\_

term does not include a heated tobacco product as defined in s. 210.25.

Section 2. Paragraph (i) of subsection (1) of section 210.095, Florida Statutes, is amended to read:

210.095 Mail order, Internet, and remote sales of tobacco products; age verification.—

(1) For purposes of this section, the term:

(i) "Tobacco product products" means any cigarette all ~~cigarettes~~, smoking tobacco, snuff, fine-cut chewing tobacco, cut and granulated tobacco, cavendish, ~~and~~ plug or twist tobacco, or heated tobacco product as defined in s. 210.25.

Section 3. Part II of chapter 210, Florida Statutes, entitled "Tax on Tobacco Products other than Cigarettes or Cigars," is renamed "Tax on Tobacco Products other than Cigarettes, Heated Tobacco Products, or Cigars."

Section 4. Present subsections (6) through (14) of section 210.25, Florida Statutes, are redesignated as subsections (7) through (15), respectively, a new subsection (6) is added to that section, and present subsection (12) of that section is amended, to read:

210.25 Definitions.—As used in this part:

(6) "Heated tobacco product" means a product containing tobacco which produces an inhalable aerosol by heating the tobacco without combustion of the tobacco or by the heat generated from a combustion source that only heats rather than burns the tobacco.

(13)(12) "Tobacco product products" means loose tobacco suitable for smoking; snuff; snuff flour; cavendish; plug and twist tobacco; fine-cut fine-cuts and other chewing tobacco

Page 2 of 4

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

18-01351-25 20251418\_\_  
 59 ~~tobaccoes; any short-filler or scrap of tobacco shorts; refuse~~  
 60 ~~scrap; any clipping, cutting, or sweeping clippings, cuttings,~~  
 61 ~~and sweepings of tobacco, and any other kind or form kinds and~~  
 62 ~~forms of tobacco prepared in such manner as to be suitable for~~  
 63 chewing; but the term "tobacco product products" does not  
 64 include any cigarette cigarettes, as defined by s. 210.01(1),  
 65 heated tobacco product, or cigar cigars.

66 Section 5. Subsection (8) of section 569.002, Florida  
 67 Statutes, is amended to read:

68 569.002 Definitions.—As used in this part, the term:

69 (8) "Tobacco product products" includes loose tobacco  
 70 leaves, and any product products made from tobacco leaves, in  
 71 whole or in part, ~~and~~ cigarette wrappers, which can be used for  
 72 smoking, sniffing, or chewing; and any heated tobacco product as  
 73 defined in s. 210.25.

74 Section 6. Paragraph (d) of subsection (1) of section  
 75 951.22, Florida Statutes, is amended to read:

76 951.22 County detention facilities; contraband articles.—

77 (1) It is unlawful, except through regular channels as duly  
 78 authorized by the sheriff or officer in charge, to introduce  
 79 into or possess upon the grounds of any county detention  
 80 facility as defined in s. 951.23 or to give to or receive from  
 81 any inmate of any such facility wherever said inmate is located  
 82 at the time or to take or to attempt to take or send therefrom  
 83 any of the following articles, which are contraband:

84 (d) Any tobacco product products as defined in s. 210.25 ~~s.~~  
 85 ~~210.25(12)~~.

86 Section 7. For the purpose of incorporating the amendment  
 87 made by this act to section 569.002, Florida Statutes, in a

18-01351-25 20251418\_\_  
 88 reference thereto, subsection (5) of section 569.31, Florida  
 89 Statutes, is reenacted to read:  
 90 569.31 Definitions.—As used in this part, the term:  
 91 (5) "Nicotine product" means any product that contains  
 92 nicotine, including liquid nicotine, which is intended for human  
 93 consumption, whether inhaled, chewed, absorbed, dissolved, or  
 94 ingested by any means. The term also includes any nicotine  
 95 dispensing device. The term does not include a:  
 96 (a) Tobacco product, as defined in s. 569.002;  
 97 (b) Product regulated as a drug or device by the United  
 98 States Food and Drug Administration under Chapter V of the  
 99 Federal Food, Drug, and Cosmetic Act; or  
 100 (c) Product that contains incidental nicotine.  
 101 Section 8. This act shall take effect July 1, 2025.



**THE FLORIDA SENATE**  
**SENATOR NICK DICEGLIE**  
District 18

**Ben Albritton**  
President of the Senate

**Jason Brodeur**  
President Pro Tempore

March 11, 2025

Dear Chair Bradley,

I respectfully request that **SB 1418: Heated Tobacco Products** be placed on the agenda of the Committee on Regulated Industries at your earliest convenience. If my office can be of any assistance to the committee, please do not hesitate to contact me at [DiCeglie.Nick@flsenate.gov](mailto:DiCeglie.Nick@flsenate.gov) or (850) 487-5018. Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink that reads "Nick DiCeglie".

Nick DiCeglie

State Senator, District 18

*Proudly Serving Pinellas County*

Appropriations Committee on Transportation, Tourism, and Economic Development,  
Chair ~ Governmental Oversight and Accountability, Vice Chair ~ Appropriations ~  
Appropriations Committee on Agriculture, Environment, and General Government ~  
Commerce and Tourism ~ Environment and Natural Resources ~ Judiciary ~ Rules ~  
Joint Select Committee on Collective Bargaining

3/19/2025

Meeting Date

Reguated Industries

Committee

Name **Scott Shalley**

Name

The Florida Senate

# APPEARANCE RECORD

Deliver both copies of this form to  
Senate professional staff conducting the meeting

SB 1418

Bill Number or Topic

Amendment Barcode (if applicable)

Phone **8502224082**

Phone

Address **227 S Adams Street**

Address

Email **scott@frf.org**

Email

Street

**Tallahassee**

City

**Florida**

State

**32301**

Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

### PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

**Florida Retail Federation**

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Regulated Industries

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BILL: CS/SB 196

INTRODUCER: Regulated Industries and Senator Gruters

SUBJECT: Foods Containing Vaccines or Vaccine Materials

DATE: March 19, 2025

REVISED: \_\_\_\_\_

|    | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|---------|----------------|-----------|--------|
| 1. | Baird   | Imhof          | RI        | Fav/CS |
| 2. |         |                | AEG       |        |
| 3. |         |                | RC        |        |

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 196 sets forth labeling requirements for specific food products containing “vaccine or vaccine material” and broadens the definition of “drug” in ch. 499, F.S., to include those food items.

The bill further establishes that any food product containing vaccine or vaccine material without required labeling is a misbranded drug.

CS/SB 196 creates a new section to prohibit certain toxic chemicals in cosmetics. The bill defines certain chemicals and defines specific chemicals from being intentionally added into cosmetics manufactured, sold, offered, or distributed for sale in Florida, including any lead or lead compounds at 1 part per million or above, whether intentionally added or naturally occurring. The bill allows for in-state retailers in possession of cosmetics containing these chemicals to exhaust existing stock, through sales to the public until July 1, 2027. Additionally, the bill requires the Department of Business and Professional Regulation (DBPR), in consultation with the Department of Health, by January 1, 2026, to identify additional chemicals that could be a hazard to the public and make the information publicly available on its website.

Further, the bill prohibits the delineated chemicals in cosmetics, regardless of whether the product also contains ingredients regulated by the United States Food and Drug Administration (FDA), but it does not apply to the specific ingredients as drugs regulated by the FDA. A

violation of the newly created section would be subject to disciplinary action under s. 499.066, F.S.

The bill defines what an “mRNA vaccine” is and it also prohibits the use of a fruit or vegetable as a delivery mechanism for an mRNA vaccine.

Finally, the bill would deem those food products containing vaccine or vaccine material without required labeling as misbranded foods under ch. 500, F.S.

The bill provides an effective date of July 1, 2025.

## II. Present Situation:

### State and Federal Regulation of Drugs, Devices, and Cosmetics

The regulation of drugs and cosmetics is addressed in ch. 499, F.S., which regulates drugs, devices, and cosmetics by the DBPR.<sup>1</sup> The Florida Drug and Cosmetic Act (the act)<sup>2</sup> is intended to safeguard public health and promote public welfare by protecting against injuries and merchandising deceit involving drugs, devices, and cosmetics or the use of such products. The Division of Drugs, Devices, and Cosmetics (the division) under the DBPR handles Florida regulations. Within the division, s. 499.01211, F.S., created the Drug Wholesale Distributor Advisory Council that provides input to the division and the DBPR regarding all proposed rules regarding the distribution of drugs.

Administration of the act must conform to the Federal Food, Drug, and Cosmetic Act<sup>3</sup> and the applicable portions of the Federal Trade Commission Act<sup>4</sup> which prohibit the false advertising of drugs, devices, and cosmetics. The Florida Drug and Cosmetic Act conforms to the FDA’s drug laws and regulations and authorizes the DBPR to issue permits to Florida drug manufacturers and wholesale distributors and register drugs manufactured, packaged, repackaged, labeled, or relabeled in Florida.<sup>5</sup> The FDA preempts the state of Florida from regulating certain areas regarding drugs and cosmetics, including generally, the pre-market approval of drugs and the post-market surveillance of cosmetics, in both instances monitoring for safety issues for the American people.

The FDA process for new or innovative drugs is rigorous and requires an extensive series of clinical trials, first on animals and then on humans, before the new drug application can be formally filed with the FDA.<sup>6</sup> The company then sends the FDA the evidence from these trials to prove the drug is safe and effective for its intended use. The FDA’s physicians, statisticians,

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<sup>1</sup> The Drug, Device, and Cosmetic program was transferred to the Department of Business and Professional Regulation from the Department of Health effective November 1, 2012. See ch. 2012-184, Law of Fla., s. 122, at <http://laws.flrules.org/2012/184> (last visited March 18, 2025).

<sup>2</sup> See ss. 499.001-499.081, F.S.

<sup>3</sup> Section 499.003(20), F.S., defines the federal act referencing 21 U.S.C. ss. 301 *et seq.* and 52 Stat. 1040 *et seq.*

<sup>4</sup> See 15 U.S.C. ss. 41-58, as amended.

<sup>5</sup> Section 499.01, F.S.

<sup>6</sup> U.S. Food & Drug Administration, New Drug Application (NDA), <https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/NewDrugApplicationNDA/default.htm> (last visited March 19, 2025).

chemists, pharmacologists, and other scientists review the company's data and proposed labeling. The FDA will only approve a new drug application if it determines that the drug is safe and effective for its proposed use and that the benefits of the drug appear to outweigh the known risks.<sup>7</sup>

The DBPR has broad authority to inspect and discipline permittees for violations of state or federal laws and regulations, which can include seizure and condemnation of adulterated or misbranded drugs or suspension or revocation of a permit.<sup>8</sup>

Florida currently does not have a routine process in place for the testing of cosmetics products or a facility for testing cosmetic products.

## **Cosmetics**

Florida currently has a limited scope of state-level enforcement regarding cosmetics. The predominant regulation is done by the FDA and whatever is not preempted Florida can regulate. The FDA prohibits misbranded and adulterated products, however most of this regulation is done on the post-production level, leaving a regulatory landscape that is seeing the emergence of state-level regulation initiatives regarding cosmetics. The burden of ensuring product safety largely falls on cosmetic manufacturers and their adherence to the guidelines set by the FDA.

States like California, Colorado, Maryland, Minnesota, Oregon, and Washington have recently enacted legislation regarding the regulation of toxic chemicals in cosmetics. For example, the state of Washington created a program that prohibits the use of over 20 toxic chemicals in cosmetics, including lead (at 1 part per million) and formaldehyde, citing research that shows these chemicals can cause cancer in humans.<sup>9</sup>

## **Drugs and Devices**

### ***General Prohibitions***

The act prohibits any person from:<sup>10</sup>

- Offering for sale any drug, device, or cosmetic, that is adulterated or misbranded.
- Disseminating any false or misleading advertisement of a drug, device, or cosmetic.
- Refusing from letting the DBPR to enter or inspect an establishment in which drugs, devices, or cosmetics are manufactured, processed, repackaged, sold, brokered, or held.
- Committing any act that causes a drug, device, or cosmetic to be a counterfeit drug, device, or cosmetic; or selling, dispensing, or holding for sale a counterfeit drug, device, or cosmetic.
- Committing an alteration, mutilation, destruction, obliteration, or removal of the whole or any part of the labeling of a drug, device, or cosmetic, or the doing of any other act with

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<sup>7</sup> *Id.*

<sup>8</sup> Sections 499.051, 499.062, 499.065, 499.066, 499.0661, and 499.067, F.S.

<sup>9</sup> Daniel Fortin, *Washington State Proposes Ban on Cancer-Linked Chemicals in Cosmetics*, NBC Right Now Tri-Cities Yakima, available at [https://www.nbcrighnow.com/regional/washington-state-proposes-ban-on-cancer-linked-chemicals-in-cosmetics/article\\_9938e436-ec55-5963-bdc1-bb6bf9593155.html](https://www.nbcrighnow.com/regional/washington-state-proposes-ban-on-cancer-linked-chemicals-in-cosmetics/article_9938e436-ec55-5963-bdc1-bb6bf9593155.html) (last visited March 19, 2025).

<sup>10</sup> See Section 499.005, F.S.

respect to a drug, device, or cosmetic, if the act is done while the drug, device, or cosmetic is held for sale and the act results in the drug, device, or cosmetic being misbranded.

- Forging, counterfeiting, simulating, falsely representing any drug, device, or cosmetic, or without the authority of the manufacturer, using any mark, stamp, tag, label, or other identification device authorized or required by rules adopted under this part.
- Using, on the labeling of any drug or in any advertisement relating to such drug, any representation or suggestion that an application of the drug is effective when it is not or that the drug complies with this part when it does not.
- Possessing any drug in violation of part I, ch. 499, F.S.
- Failing to maintain records as required by law and rules adopted under ch. 499, F.S.
- Providing the DBPR with false or fraudulent records, or making false or fraudulent statements, regarding any matter within the provisions of the act.
- Failing to obtain a permit or registration, or operating without a valid permit when a permit or registration is required by the act for that activity.
- Obtaining or attempting to obtain a prescription drug or device by fraud, deceit, misrepresentation or subterfuge, or engaging in misrepresentation or fraud in the distribution of a drug or device.

Some of these prohibitions will raise to the level of criminal acts under s. 499.0051, F.S.

### ***Misbranding of Drugs***

The act specifies that a drug or device is deemed misbranded if:<sup>11</sup>

- Its labeling is in any way false or misleading.
- In package form, it does not bear a label containing certain requirements prescribed by law.
- Any word, statement, or other information required by the act, that appears on the label or labeling is not prominently placed with such conspicuousness as to render the word, statement, or other information likely to be read and understood under customary conditions of purchase and use.
- It is a drug and is not designated solely by a name recognized in an official compendium and its label does not bear certain requirements prescribed by the act.
- It purports to be a drug the name of which is recognized in the official compendium and is not packaged and labeled as prescribed therein. However, the method of packaging may be modified with the consent of the DBPR.
- It is dangerous to health when used in the dosage or with the frequency or duration prescribed, recommended, or suggested in the labeling of the drug.
- It purports to be, or is represented, as a drug composed wholly or partly of insulin and it is not from a batch with respect to which a certificate has been issued pursuant to s. 506 of the federal act, which certificate is in effect with respect to the drug.
- It purports to be, or is represented, as a drug composed wholly or partly of any kind of antibiotic requiring certification under the federal act and it is not from a batch with respect to which a certificate has been issued pursuant to s. 507 of the federal act, which certificate is in effect with respect to the drug. However, this subsection does not apply to any drug or class of drugs exempted by regulations adopted under s. 507(c) or (d) of the federal act.

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<sup>11</sup> See Section 499.007, F.S.

### Misbranding or Misrepresenting Food

In Florida a food is deemed to be misbranded:<sup>12</sup>

- If its labeling is false or misleading in any particular manner;
- If it is offered for sale under the name of another food;
- If it is an imitation of another food, with exception;
- If its container is so made, formed, or filled as to be misleading;
- If in package form, unless it bears a label containing certain information;<sup>13</sup>
- If any word, statement, or other information required by or under authority of ch. 500, F.S., does not meet certain requirements;<sup>14</sup>
- If it purports to be or is represented as a food for which a definition and standard of identity has been prescribed by statute or by rule;
- If it purports to be or is represented as:
  - A food for which a standard of quality has been prescribed by rules as provided by s. 500.09, F.S., and its quality falls below such standard unless its label bears a statement that it falls below such standard; or
  - A food for which a standard or standards or fill of container have been provided by rule as provided by s. 500.09, F.S., and it falls below the standard or fill container unless its label bears a statement that it falls below such standard.
- Unless the label bears the common or usual name of the food and specific requirements if it is fabricated from two or more ingredients.<sup>15</sup>
- If it purports to be or is represented for special dietary uses, unless its label contains certain information.<sup>16</sup>
- If it bears or contains any artificial flavoring, artificial coloring, or chemical preservative, unless it bears labeling stating that fact.
- If it is a fresh fruit or vegetable, package of honey, or bee pollen not labeled in accordance with the provisions of s. 504.012, F.S., or not otherwise labeled in such a manner as to indicate to an ultimate purchaser the country of origin.
- If it is offered for sale and its label or labeling does not comply with federal requirements pertaining to nutrition or allergen information.
- If it is offered for sale and its label or labeling does not comply with federal labeling requirements pertaining to nutritional content claims and health claims.
- If it is bottled water and does not meet certain labeling requirements.<sup>17</sup>
- If it is an animal product that fails to have directly thereon or on its container the official USDA inspection legend.

An operator may not knowingly and willfully misrepresent the identity of any food or food product to any of the patrons of such establishment. The identity of a food product is misrepresented if:

- The description of the food or food product is false or misleading;

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<sup>12</sup> Section 500.11, F.S.

<sup>13</sup> Section 500.11(1)(e), F.S.

<sup>14</sup> Section 500.11(1)(f), F.S.

<sup>15</sup> Section 500.11(1)(i), F.S.

<sup>16</sup> Section 500.11(1)(j), F.S.

<sup>17</sup> Section 500.11(1)(o), F.S.

- The food or food product is served, sold, or distributed under the name of another food or food product; or
- The food or food product purports to be or is represented as a food or food product that does not conform to a definition of identity and standard of quality if such standard has been established by custom and usage.<sup>18</sup>

## Vaccines

### *General Regulation*

The Advisory Committee on Immunization Practices (ACIP) develops recommendations on the use of vaccines in the United States.<sup>19</sup> The ACIP is comprised of medical and public health experts, and works with professional organizations, such as the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American College of Physicians to develop annual childhood and adult immunization schedules.<sup>20</sup>

The Centers for Disease Control and Prevention (CDC) reviews the ACIP's recommendations; once approved by the CDC Director and the U.S. Department of Health and Human Services, they are published as the CDC's official recommendations for immunizations of the U.S. population.<sup>21</sup> New vaccines are considered for addition to the schedule after licensure by the United States Food and Drug Administration (FDA).<sup>22</sup>

The FDA oversees the safety, effectiveness, and quality of vaccines used in the United States. Once a vaccine is developed, the pre-clinical phase begins, which consists of laboratory research and testing on animals. If the pre-clinical phase shows the vaccine is likely to be safe and work well in humans, it is tested on humans through clinical trials. While clinical trials are underway, the FDA assesses the manufacturing process to ensure that the vaccine can be produced reliably and consistently. Once a manufacturing process is developed and pre-clinical and clinical trials are successfully completed, developers submit a Biologics License Application to the FDA, which includes details on the manufacturing process and data from pre-clinical and clinical trials. The FDA evaluates the application and decides whether to license the vaccine for use in the United States. The FDA continues to monitor and regulate vaccines and manufacturers after licensing.<sup>23</sup>

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<sup>18</sup> Section 509.292(1), F.S.

<sup>19</sup> Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices (ACIP), *General Committee-Related Information*, available at <https://www.cdc.gov/vaccines/acip/committee/index.html> (last visited March 18, 2025). Established under Title 42 U.S.C. § 217a, ACIP members are appointed by the Secretary of the U.S. Department of Health and Human Services and consist of a mix of medical and public health experts from private industry and the public sector. There are 15 voting members (14 are industry experts and one consumer member), 6 non-voting, ex-officio members consisting of specific federal government employees, and 30 non-voting representatives from professional health care organizations.

<sup>20</sup> Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices (ACIP), *ACIP Recommendations*, available at <https://www.cdc.gov/vaccines/acip/recommendations.html> (last visited March 18, 2025).

<sup>21</sup> *Id.*

<sup>22</sup> College of Physicians of Philadelphia, *The History of Vaccines: The Development of the Immunization Schedule*, available at <http://www.historyofvaccines.org/content/articles/development-immunization-schedule> (last visited March 18, 2025).

<sup>23</sup> U.S. Food and Drug Administration, *Vaccine Development – 101*, <https://www.fda.gov/vaccines-blood-biologics/development-approval-process-cber/vaccine-development-101> (last visited March 15, 2025).

All vaccines must be licensed (approved) by the FDA in order to be marketed in the United States.<sup>24</sup> However, during public health emergencies, the FDA may authorize vaccines for emergency use, which speeds up the process of bringing a vaccine to market.<sup>25</sup>

### **Plant-Based mRNA Vaccines**

In 2021, scientists at UC Riverside were awarded a \$500,000 grant from the National Science Foundation to study plant-based messenger ribonucleic acid (mRNA) vaccines. The research projected was charged with covering three concepts:<sup>26</sup>

- Showing that DNA containing the mRNA vaccine can be successfully delivered into the part of plant cells where it will replicate;
- Demonstrating that plants can produce enough mRNA to rival a traditional vaccine shot; and
- If findings prove possible, determining the right dosage.

Prior to the \$500,000 grant, Juan Pablo Giraldo, an associate professor at UC Riverside, was granted over \$1,000,000 to develop a project that is using nanomaterials to deliver nitrogen into chloroplasts through their leaves and control its release.<sup>27</sup> The \$500,000 grant provided by the National Science Foundation, was awarded to further Giraldo's original research for repurposing naturally occurring nanoparticles for gene delivery to plants.<sup>28</sup> However, since this study began in 2021, there are still many unsolved difficulties in the research, including optimizing plant growth for consistent antigen yield, preventing dosage variability, and more importantly actually being able to reproduce a safe human vaccine in a plant.

If the research proves successful, potential advantages of plant-based mRNA vaccines would be cheaper costs associated with producing and storage of vaccines. A current challenge that was well-reported during the COVID-19 Pandemic was the expiration of the mRNA vaccines that needed to be stored at cold temperatures.<sup>29</sup> (Plant-based mRNA vaccines could be stored at room temperature).

As of the beginning of 2025, there are no approved plant-based mRNA vaccines.

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<sup>24</sup> U.S. Food and Drug Administration, *Ensuring the Safety of Vaccines in the United States*, <https://www.fda.gov/files/vaccines,%20blood%20&%20biologics/published/Ensuring-the-Safety-of-Vaccines-in-the-United-States.pdf> (last visited March 18, 2025).

<sup>25</sup> Food and Drug Administration, *Emergency Use Authorization*, <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization> (last visited March 15, 2025). Medical countermeasures are FDA-regulated products (biologics, drugs, and devices) that may be used in the event of a public health emergency.

<sup>26</sup> UC Riverside, *Grow and Eat your own Vaccines?*, Jules Bernsein, September 16, 2021, available at <https://www.universityofcalifornia.edu/news/grow-and-eat-your-own-vaccines> (last visited March 18, 2025).

<sup>27</sup> *Id.*

<sup>28</sup> *Id.*

<sup>29</sup> See Mohammad Uddin, *Challenges of Storage and Stability of mRNA-Based COVID-19 Vaccines*, Vaccines (Basel), September 2021, available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC8473088/pdf/vaccines-09-01033.pdf> (last visited March 18, 2025).

### III. Effect of Proposed Changes:

**Section 1** of the bill amends the definition of “drug” to also mean a “food as defined in s. 500.03, [F.S.] which contains a vaccine or vaccine material.” This would allow foods that contain a vaccine or vaccine material to be defined as a drug; those foods would have the same regulations as drugs.

Further, the bill defines a “vaccine or vaccine material” to mean: “a substance authorized or approved by the United States Food and Drug Administration which is intended for use **in humans** to stimulate the production of antibodies and provide immunity against disease and which is prepared from the causative agent of a disease, its products, or a synthetic substitute and is treated to act as an antigen without inducing the disease.”

**Section 2** of the bill amends what qualifies as a misbranded drug. The bill provides that a drug is misbranded if “it is a food as defined in s. 500.03, [F.S.] and contains a vaccine or vaccine material, but its label does not bear, in type of uniform size and prominence, the words “contains vaccine or vaccine material” and does not specify that the food is classified as a drug under the Florida Drug and Cosmetic Act.”

Section 3 of the bill creates a new section of law that prohibits certain toxic chemicals in cosmetics. The bill:

- Defines certain chemicals and defines specific chemicals from being intentionally added into cosmetics manufactured, sold, offered, or distributed for sale or use in Florida, including any lead or lead compounds, at 1 part per million or above, whether intentionally added or naturally occurring.
- Allows an in-state retailer in possession of cosmetics containing these chemicals to exhaust its existing stock through sales to the public until July 1, 2027.
- Requires the DBPR, in consultation with the Department of Health, by January 1, 2026, to identify additional chemicals that could be a hazard to the public and make the information publicly available on its website.
- Prohibits the delineated chemicals in cosmetics, regardless of whether the product also contains ingredients regulated by the FDA, but it does not apply to the specific ingredients in drugs regulated by the FDA.
- Allows that a violation of the newly created section would be subject to disciplinary action under s. 499.066, F.S.
- Requires the DBPR to adopt necessary rules regarding the use of formaldehyde, including identifying a list of chemicals used in cosmetics (no more than 10) which release formaldehyde and which are subject to restriction that will apply on or after July 1, 2026, and providing that the restrictions on any remaining listed chemicals may take effect on or after July 1, 2027.
- In adopting the rules, the DBPR is required to consider the input received from stakeholders.

Section 4 of the bill defines “mRNA vaccine” to mean “a vaccine that uses laboratory-produced messenger ribonucleic acid to trigger the human body’s immune system to generate an immune response.”

Section 5 of the bill prohibits “the use of fruit or vegetable as a delivery mechanism for an mRNA vaccine.”

**Section 6** of the bill amends what qualifies as misbranded food. The bill provides that food is deemed to be misbranded if “it contains a vaccine or vaccine material as defined in s. 499.003, [F.S.] unless its label bears, in type of uniform size and prominence, the words “contains vaccine or vaccine material” and specifies that the food is classified as a drug under the Florida Drug and Cosmetic Act”

**Sections 7 and 8** conform cross-references to amendments made by the bill.

**Section 9** of the bill provides an effective date of July 1, 2025.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

#### **V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 499.003, 499.007, 500.03, 500.04, and 500.11.

The bill creates section 499.0095 of Florida Statute.

**IX. Additional Information:****A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Regulated Industries on March 19, 2025:**

The committee substitute does the following:

- Defines “mRNA vaccine” to mean “a vaccine that uses laboratory-produced messenger ribonucleic acid to trigger the human body’s immune system to generate an immune response.”
- Prohibits “the use of fruit or vegetable as a delivery mechanism for an mRNA vaccine.”
- Creates a new section to prohibit certain toxic chemicals in cosmetics.
- Defines certain chemicals and defines specific chemicals from being intentionally added into cosmetics manufactured, sold, offered or distributed for sale or use in Florida, including any lead or lead compounds, at 1 part per million or above, whether intentionally added or naturally occurring.
- Allows an in-state retailer in possession of cosmetics containing these chemicals to exhaust its existing stock through sales to the public until July 1, 2027.
- Requires the DBPR, in consultation with the Department of Health, by January 1, 2026, to identify additional chemicals that could be a hazard to the public and make the information publicly available on its website.
- Prohibits the delineated chemicals in cosmetics, regardless of whether the product also contains ingredients regulated by the FDA but it does not apply to the specific ingredients in drugs regulated by the FDA. A violation of the newly created section would be subject to disciplinary action under s. 499.066, F.S.
- Requires the DBPR to adopt necessary rules regarding the use of formaldehyde, including identifying a list of chemicals used in cosmetics (no more than 10) which release formaldehyde and which are subject to restrictions that will apply on or after July 1, 2026 and providing that the restrictions on any remaining listed chemicals may take effect on or after July 1, 2027.
- In adopting the rules, the DBPR is required to consider the input received from stakeholders.

**B. Amendments:**

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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LEGISLATIVE ACTION

| Senate     | . | House |
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| Comm: RCS  | . |       |
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The Committee on Regulated Industries (Gruters) recommended the following:

**Senate Amendment (with title amendment)**

Between lines 65 and 66

insert:

Section 3. Present paragraphs (t) through (z) of subsection (1) of section 500.03, Florida Statutes, are redesignated as paragraphs (u) through (aa), respectively, and a new paragraph (t) is added to that subsection, to read:

500.03 Definitions; construction; applicability.—

(1) For the purpose of this chapter, the term:



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11           (t) "Messenger ribonucleic acid vaccine" or "mRNA vaccine"  
12 means a vaccine that uses laboratory-produced messenger  
13 ribonucleic acid to trigger the human body's immune system to  
14 generate an immune response.

15           Section 4. Subsection (12) is added to section 500.04,  
16 Florida Statutes, to read:

17           500.04 Prohibited acts.—The following acts and the causing  
18 thereof within the state are prohibited:

19           (12) The use of a fruit or vegetable as a delivery  
20 mechanism for an mRNA vaccine as defined in s. 500.03.

21  
22 ===== T I T L E   A M E N D M E N T =====

23 And the title is amended as follows:

24           Delete line 8

25 and insert:

26           label does not include specified information; amending  
27 s. 500.03, F.S.; defining the term "messenger  
28 ribonucleic acid vaccine" or "mRNA vaccine"; amending  
29 s. 500.04, F.S.; prohibiting fruits and vegetables  
30 from being used to deliver an mRNA vaccine; amending



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LEGISLATIVE ACTION

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The Committee on Regulated Industries (Calatayud) recommended the following:

**Senate Amendment (with title amendment)**

Between lines 65 and 66

insert:

Section 3. Section 499.0095, Florida Statutes, is created to read:

499.0095 Toxic chemicals in cosmetics prohibited.-

(1) As used in this section, the term:

(a) "Ortho-phthalates" means esters of ortho-phthalic acid.

(b) "Perfluoroalkyl and polyfluoroalkyl substances" or



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11 "PFAS" means a class of fluorinated organic chemicals containing  
12 at least one fully fluorinated carbon atom.

13 (2) Except as provided in subsection (4), beginning July 1,  
14 2026, cosmetics manufactured, sold, offered or distributed for  
15 sale, or distributed for use in this state may not contain any  
16 of the following intentionally added chemicals or chemical  
17 classes:

18 (a) Ortho-phthalates.

19 (b) PFAS.

20 (c) Formaldehyde or any other chemical determined by the  
21 department to release formaldehyde.

22 (d) Methylene glycol.

23 (e) Mercury or mercury compounds.

24 (f) Triclosan.

25 (g) M-phenylenediamine or its salt derivatives.

26 (h) O-phenylenediamine or its salt derivatives.

27 (3) Except as provided in subsection (4), beginning July 1,  
28 2026, cosmetics manufactured, sold, offered or distributed for  
29 sale, or distributed for use in this state may not contain any  
30 lead or lead compounds, whether intentionally added or naturally  
31 occurring, at 1 part per million or above, or as otherwise  
32 determined by department rule.

33 (4) An in-state retailer in possession of cosmetics on the  
34 date that restrictions on the sale of the products take effect  
35 under this section may exhaust its existing stock through sales  
36 to the public until July 1, 2027.

37 (5) By January 1, 2026, the department, in consultation  
38 with the Department of Health, shall use existing information to  
39 identify and assess the hazards of chemicals or chemical classes



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40 that can provide the same or similar function in cosmetics as  
41 the chemicals or chemical classes listed in subsection (2). The  
42 department shall make the information publicly available on its  
43 website.

44 (6) The chemicals in subsection (2) are prohibited in  
45 cosmetics regardless of whether the product also contains drug  
46 ingredients regulated by the United States Food and Drug  
47 Administration.

48 (7) A violation of this section is grounds for disciplinary  
49 action under s. 499.066.

50 (8) This section does not apply to ingredients regulated as  
51 drugs by the United States Food and Drug Administration.

52 (9) The department shall adopt rules necessary to implement  
53 this section.

54 (a) The department's determinations of chemicals that  
55 release formaldehyde must be adopted by rule. The department  
56 shall identify a list of chemicals used in cosmetics which  
57 release formaldehyde which are subject to restriction under this  
58 chapter. In establishing this list, the department shall  
59 consider the following:

- 60 1. Estimated prevalence of use.
- 61 2. Potential to reduce disproportionate exposure.
- 62 3. Other information deemed relevant by the department.

63 (b) The department may identify for restriction an initial  
64 set of no more than 10 of the listed chemicals used in cosmetics  
65 which release formaldehyde. This restriction must take effect on  
66 or after July 1, 2026.

67 (c) Restrictions on any remaining listed chemicals used in  
68 cosmetics which release formaldehyde may take effect on or after



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69 July 1, 2027.

70 (d) In adopting rules under this section, the department  
71 shall engage with relevant stakeholders for their expertise and  
72 input. The stakeholder process must include, but is not limited  
73 to, soliciting input from representatives from independent  
74 cosmetologists, businesses offering cosmetology services, such  
75 as beauty salons, and manufacturers of cosmetics. The input  
76 received from stakeholders must be considered when adopting  
77 rules.

78  
79 ===== T I T L E A M E N D M E N T =====

80 And the title is amended as follows:

81 Delete lines 2 - 8

82 and insert:

83 An act relating to chemicals in consumer products;  
84 amending s. 499.003, F.S.; revising the definition of  
85 the term "drug"; defining the term "vaccine or vaccine  
86 material"; amending s. 499.007, F.S.; deeming a drug  
87 misbranded if it is a food containing a vaccine or  
88 vaccine material, but its label does not include  
89 specified information; creating s. 499.0095, F.S.;  
90 defining terms; prohibiting, beginning on a specified  
91 date, the manufacture, sale, offer or distribution for  
92 sale, or distribution for use of cosmetics that  
93 contain specified add ed chemical ingredients;  
94 providing an exception; requiring the Department of  
95 Business and Professional Regulation (DBPR), in  
96 consultation with the Department of Health, to make  
97 certain determinations and make the information



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98 publicly available on its website by a specified date;  
99 providing construction; providing for disciplinary  
100 action; providing applicability; requiring DBPR to  
101 adopt rules; specifying requirements for the adoption  
102 of such rules; amending

By Senator Gruters

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1 A bill to be entitled  
 2 An act relating to foods containing vaccines or  
 3 vaccine materials; amending s. 499.003, F.S.; revising  
 4 the definition of the term "drug"; defining the term  
 5 "vaccine or vaccine material"; amending s. 499.007,  
 6 F.S.; deeming a drug misbranded if it is a food  
 7 containing a vaccine or vaccine material, but its  
 8 label does not include specified information; amending  
 9 s. 500.11, F.S.; deeming a food misbranded if it  
 10 contains a vaccine or vaccine material, but its label  
 11 does not include specified information; amending ss.  
 12 499.01 and 499.05, F.S.; conforming cross-references;  
 13 providing an effective date.

15 Be It Enacted by the Legislature of the State of Florida:

16  
 17 Section 1. Present subsections (47), (48), and (49) of  
 18 section 499.003, Florida Statutes, are redesignated as  
 19 subsections (48), (49), and (50), respectively, a new subsection  
 20 (47) is added to that section, and subsections (17) and (40) of  
 21 that section are amended, to read:

22 499.003 Definitions of terms used in this part.—As used in  
 23 this part, the term:

24 (17) "Drug" means an article that is:

25 (a) Recognized in the current edition of the United States  
 26 Pharmacopoeia and National Formulary, official Homeopathic  
 27 Pharmacopoeia of the United States, or any supplement to any of  
 28 those publications;

29 (b) Intended for use in the diagnosis, cure, mitigation,

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30 treatment, therapy, or prevention of disease in humans or other  
 31 animals;

32 (c) Intended to affect the structure or any function of the  
 33 body of humans or other animals; ~~or~~

34 (d) Intended for use as a component of any article  
 35 specified in paragraph (a), paragraph (b), or paragraph (c), and  
 36 includes active pharmaceutical ingredients, but does not include  
 37 devices or their nondrug components, parts, or accessories; or  
 38 (e) Food as defined in s. 500.03 which contains a vaccine  
 39 or vaccine material.

40 (40) "Prescription drug" means a prescription, medicinal,  
 41 or legend drug, including, but not limited to, finished dosage  
 42 forms or active pharmaceutical ingredients subject to, defined  
 43 by, or described by s. 503(b) of the federal act or s. 465.003,  
 44 s. 499.007(13), subsection (31), or subsection (48) ~~(47)~~, except  
 45 that an active pharmaceutical ingredient is a prescription drug  
 46 only if substantially all finished dosage forms in which it may  
 47 be lawfully dispensed or administered in this state are also  
 48 prescription drugs.

49 (47) "Vaccine or vaccine material" means a substance  
 50 authorized or approved by the United States Food and Drug  
 51 Administration which is intended for use in humans to stimulate  
 52 the production of antibodies and provide immunity against  
 53 disease and which is prepared from the causative agent of a  
 54 disease, its products, or a synthetic substitute and is treated  
 55 to act as an antigen without inducing the disease.

56 Section 2. Present subsection (17) of section 499.007,  
 57 Florida Statutes, is redesignated as subsection (18), and a new  
 58 subsection (17) is added to that section, to read:

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59 499.007 Misbranded drug or device.—A drug or device is  
60 misbranded:

61 (17) If it is a food as defined in s. 500.03 and contains a  
62 vaccine or vaccine material, but its label does not bear, in  
63 type of uniform size and prominence, the words “contains vaccine  
64 or vaccine material” and does not specify that the food is  
65 classified as a drug under the Florida Drug and Cosmetic Act.

66 Section 3. Paragraph (q) is added to subsection (1) of  
67 section 500.11, Florida Statutes, to read:

68 500.11 Food deemed misbranded.—

69 (1) A food is deemed to be misbranded:

70 (q) If it contains a vaccine or vaccine material as defined  
71 in s. 499.003, unless its label bears, in type of uniform size  
72 and prominence, the words “contains vaccine or vaccine material”  
73 and specifies that the food is classified as a drug under the  
74 Florida Drug and Cosmetic Act.

75 Section 4. Paragraphs (a), (b), and (h) of subsection (2)  
76 of section 499.01, Florida Statutes, are amended to read:

77 499.01 Permits.—

78 (2) The following permits are established:

79 (a) *Prescription drug manufacturer permit.*—A prescription  
80 drug manufacturer permit is required for any person that is a  
81 manufacturer of a prescription drug and that manufactures or  
82 distributes such prescription drugs in this state.

83 1. A person that operates an establishment permitted as a  
84 prescription drug manufacturer may engage in distribution of  
85 prescription drugs for which the person is the manufacturer and  
86 must comply with s. 499.0121 and all other provisions of this  
87 part and rules adopted under this part. The department shall

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88 adopt rules for issuing a virtual prescription drug manufacturer  
89 permit to a person who engages in the manufacture of  
90 prescription drugs but does not make or take physical possession  
91 of any prescription drugs. The rules adopted by the department  
92 under this section may exempt virtual manufacturers from certain  
93 establishment, security, and storage requirements set forth in  
94 s. 499.0121.

95 2. A prescription drug manufacturer must comply with all  
96 appropriate state and federal good manufacturing practices.

97 3. A blood establishment, as defined in s. 381.06014,  
98 operating in a manner consistent with the provisions of 21  
99 C.F.R. parts 211 and 600-640, and manufacturing only the  
100 prescription drugs described in s. 499.003(49)(j) ~~s.~~  
101 ~~499.003(48)(j)~~ is not required to be permitted as a prescription  
102 drug manufacturer under this paragraph or to register products  
103 under s. 499.015.

104 (b) *Prescription drug repackager permit.*—A prescription  
105 drug repackager permit is required for any person that  
106 repackages a prescription drug in this state.

107 1. A person that operates an establishment permitted as a  
108 prescription drug repackager may engage in distribution of  
109 prescription drugs repackaged at that establishment and must  
110 comply with all of the provisions of this part and the rules  
111 adopted under this part that apply to a prescription drug  
112 manufacturer.

113 2. A prescription drug repackager must comply with all  
114 appropriate state and federal good manufacturing practices.

115 3. A prescription drug repackager permit is not required  
116 for distributing medicinal drugs or prepackaged drug products

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117 between entities under common control which each hold either an  
 118 active Class III institutional pharmacy permit under chapter 465  
 119 or an active health care clinic establishment permit under  
 120 paragraph (r). For purposes of this subparagraph, the term  
 121 "common control" has the same meaning as in s. 499.003(49)(a)3.  
 122 ~~s. 499.003(48)(a)3.~~

123 (h) *Restricted prescription drug distributor permit.*—

124 1. A restricted prescription drug distributor permit is  
 125 required for:

126 a. Any person located in this state who engages in the  
 127 distribution of a prescription drug, which distribution is not  
 128 considered "wholesale distribution" under s. 499.003(49)(a) ~~s.~~  
 129 ~~499.003(48)(a).~~

130 b. Any person located in this state who engages in the  
 131 receipt or distribution of a prescription drug in this state for  
 132 the purpose of processing its return or its destruction if such  
 133 person is not the person initiating the return, the prescription  
 134 drug wholesale supplier of the person initiating the return, or  
 135 the manufacturer of the drug.

136 c. A blood establishment located in this state which  
 137 collects blood and blood components only from volunteer donors  
 138 as defined in s. 381.06014 or pursuant to an authorized  
 139 practitioner's order for medical treatment or therapy and  
 140 engages in the wholesale distribution of a prescription drug not  
 141 described in s. 499.003(49)(j) ~~s. 499.003(48)(j)~~ to a health  
 142 care entity. A mobile blood unit operated by a blood  
 143 establishment permitted under this sub-subparagraph is not  
 144 required to be separately permitted. The health care entity  
 145 receiving a prescription drug distributed under this sub-

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146 subparagraph must be licensed as a closed pharmacy or provide  
 147 health care services at that establishment. The blood  
 148 establishment must operate in accordance with s. 381.06014 and  
 149 may distribute only:

150 (I) Prescription drugs indicated for a bleeding or clotting  
 151 disorder or anemia;

152 (II) Blood-collection containers approved under s. 505 of  
 153 the federal act;

154 (III) Drugs that are blood derivatives, or a recombinant or  
 155 synthetic form of a blood derivative;

156 (IV) Prescription drugs that are identified in rules  
 157 adopted by the department and that are essential to services  
 158 performed or provided by blood establishments and authorized for  
 159 distribution by blood establishments under federal law; or

160 (V) To the extent authorized by federal law, drugs  
 161 necessary to collect blood or blood components from volunteer  
 162 blood donors; for blood establishment personnel to perform  
 163 therapeutic procedures under the direction and supervision of a  
 164 licensed physician; and to diagnose, treat, manage, and prevent  
 165 any reaction of a volunteer blood donor or a patient undergoing  
 166 a therapeutic procedure performed under the direction and  
 167 supervision of a licensed physician,

168  
 169 as long as all of the health care services provided by the blood  
 170 establishment are related to its activities as a registered  
 171 blood establishment or the health care services consist of  
 172 collecting, processing, storing, or administering human  
 173 hematopoietic stem cells or progenitor cells or performing  
 174 diagnostic testing of specimens if such specimens are tested

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175 together with specimens undergoing routine donor testing. The  
 176 blood establishment may purchase and possess the drugs described  
 177 in this sub-subparagraph without a health care clinic  
 178 establishment permit.

179 2. Storage, handling, and recordkeeping of these  
 180 distributions by a person required to be permitted as a  
 181 restricted prescription drug distributor must be in accordance  
 182 with the requirements for wholesale distributors under s.  
 183 499.0121.

184 3. A person who applies for a permit as a restricted  
 185 prescription drug distributor, or for the renewal of such a  
 186 permit, must provide to the department the information required  
 187 under s. 499.012.

188 4. The department may adopt rules regarding the  
 189 distribution of prescription drugs by hospitals, health care  
 190 entities, charitable organizations, other persons not involved  
 191 in wholesale distribution, and blood establishments, which rules  
 192 are necessary for the protection of the public health, safety,  
 193 and welfare.

194 5. A restricted prescription drug distributor permit is not  
 195 required for distributions between pharmacies that each hold an  
 196 active permit under chapter 465, have a common ownership, and  
 197 are operating in a freestanding end-stage renal dialysis clinic,  
 198 if such distributions are made to meet the immediate emergency  
 199 medical needs of specifically identified patients and do not  
 200 occur with such frequency as to amount to the regular and  
 201 systematic supplying of that drug between the pharmacies. The  
 202 department shall adopt rules establishing when the distribution  
 203 of a prescription drug under this subparagraph amounts to the

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204 regular and systematic supplying of that drug.

205 6. A restricted prescription drug distributor permit is not  
 206 required for distributing medicinal drugs or prepackaged drug  
 207 products between entities under common control that each hold  
 208 either an active Class III institutional pharmacy permit under  
 209 chapter 465 or an active health care clinic establishment permit  
 210 under paragraph (r). For purposes of this subparagraph, the term  
 211 "common control" has the same meaning as in s. 499.003(49)(a)3.  
 212 ~~s. 499.003(48)(a)3.~~

213 Section 5. Paragraphs (i) and (l) of subsection (1) of  
 214 section 499.05, Florida Statutes, are amended to read:

215 499.05 Rules.—

216 (1) The department shall adopt rules to implement and  
 217 enforce this chapter with respect to:

218 (i) Additional conditions that qualify as an emergency  
 219 medical reason under s. 499.003(49)(b)2. ~~s. 499.003(48)(b)2.~~ or  
 220 s. 499.82.

221 (l) The recordkeeping, storage, and handling with respect  
 222 to each of the distributions of prescription drugs specified in  
 223 s. 499.003(49)(a)-(v) ~~s. 499.003(48)(a)-(v)~~ or s. 499.82(14).

224 Section 6. This act shall take effect July 1, 2025.

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.



The Florida Senate

## Committee Agenda Request

**To:** Senator Jennifer Bradley, Chair  
Committee on Regulated Industries

**Subject:** Committee Agenda Request

**Date:** January 30, 2025

---

I respectfully request that **Senate Bill # 196**, relating to Foods Containing Vaccines or Vaccine Materials, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in black ink that reads "Joe Gruters".

---

Senator Joe Gruters  
Florida Senate, District 22

3/19/2025

Meeting Date

Reguated Industries

Committee

Name **Scott Shalley**

Name

The Florida Senate

**APPEARANCE RECORD**

Deliver both copies of this form to  
Senate professional staff conducting the meeting

SB 196

Bill Number or Topic

783348

Amendment Barcode (if applicable)

Phone **8502224082**

Phone

Address **227 S Adams Street**

Address

Street

Email **scott@frf.org**

Email

**Tallahassee**

City

**Florida**

State

**32301**

Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

**Florida Retail Federation**

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

---

Prepared By: The Professional Staff of the Committee on Regulated Industries

---

BILL: SB 960

INTRODUCER: Senator Bernard

SUBJECT: Elevator Accessibility Requirements

DATE: March 18, 2025

REVISED: \_\_\_\_\_

|    | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION           |
|----|---------|----------------|-----------|------------------|
| 1. | Baird   | Imhof          | RI        | <b>Favorable</b> |
| 2. |         |                | CA        |                  |
| 3. |         |                | RC        |                  |

---

**I. Summary:**

The bill specifies that only one interior support rail in an elevator must be continuous and at least 42 inches long, instead of requiring all interior support rails in an elevator to meet these requirements.

The bill has an effective date of July 1, 2025.

**II. Present Situation:**

**Elevator Regulation**

The Elevator Safety Act (the act), located in ch. 399, F.S., establishes the minimum standards for elevator personnel in order “to provide for the safety of life and limb and to promote public safety awareness”.<sup>1</sup> The Elevator Safety Act broadly defines the term “elevator” to include:<sup>2</sup>

- Hoisting Mechanical Devices;
- Escalators;
- Dumbwaiters;
- Moving Walks;
- Inclined Stairway Chairlifts; and
- Inclined or Vertical Wheelchair Lifts.

The Division of Hotels and Restaurants (division) within the Department of Business and Professional Regulation (DBPR) has both rulemaking and enforcement authority under ch. 399,

---

<sup>1</sup> Section 399.001, F.S.

<sup>2</sup> Section 399.01(6), F.S.

F.S. The division is also responsible for issuing elevator permits and certificates of operation for companies or individuals to install, service, or inspect elevators.<sup>3</sup>

The act prohibits an elevator from being “erected, constructed, installed or altered” until a permit is issued from the DBPR. The act further requires each elevator to have a certificate of operation from the DBPR before being operated.<sup>4</sup>

Section 399.061, F.S., requires an annual inspection of elevators by a certified elevator inspector. The certified elevator inspector may be a private elevator inspector, a state-employed elevator inspector, or an inspector for a municipality or country under contract with the DBPR.<sup>5</sup>

Section 399.02(6)(b), F.S., provides that the division may enter and have reasonable access to all buildings and rooms or spaces in which an existing or newly installed conveyance and equipment are located.

### **Interior Support Rails**

The act requires every elevator, except elevators in private residences, to have at least one support rail to assist persons with physical handicaps.<sup>6</sup>

Support rails must be continuous and have a minimum length of 42 inches. Support rails must also be:<sup>7</sup>

- Smooth and have no sharp edges;
- Not more than 1.5 inches thick or 2.5 inches in diameter;
- Between 31-33 inches off the ground; and
- 1.5 inches from the elevator’s wall.

The railing requirements are also provided in section 3009.2 of the Florida Building Code which provides that “[e]ach elevator car interior must have a support rail on at least one wall. All support rails must be smooth and have no sharp edges and must not be more than 1 1/2 inches (38 mm) thick or 2 1/2 inches (63 mm) in diameter. Support rails must be continuous and a minimum length of 42 inches (1067 mm) overall.”

### **III. Effect of Proposed Changes:**

SB 960 provides that only one interior support rail in an elevator must be continuous and at least 42 inches long, instead of requiring all interior support rails in an elevator to meet these requirements.

The bill provides an effective date of July 1, 2025.

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<sup>3</sup> Section 399.10, F.S.

<sup>4</sup> Section 399.03(1) and (5), F.S.

<sup>5</sup> See S: 399.061, F.S. In 2000, the Legislature amended s. 399.061, F.S., (ch. 2000-356 s. 4, Laws of Fla.) to provide for the use of private elevator inspectors.

<sup>6</sup> Sections 399.02, and 399.035, F.S.

<sup>7</sup> Section 399.035, F.S.

**IV. Constitutional Issues:**

## A. Municipality/County Mandates Restrictions:

None.

## B. Public Records/Open Meetings Issues:

None.

## C. Trust Funds Restrictions:

None.

## D. State Tax or Fee Increases:

None.

## E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:**

## A. Tax/Fee Issues:

None.

## B. Private Sector Impact:

None.

## C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends section 399.035 of the Florida Statutes.

**IX. Additional Information:**

- A. **Committee Substitute – Statement of Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

- B. **Amendments:**

None.

---

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

---

By Senator Bernard

24-00913A-25

2025960\_\_

1                           A bill to be entitled  
2           An act relating to elevator accessibility  
3           requirements; amending s. 399.035, F.S.; requiring  
4           elevator car interiors to have at least one support  
5           rail that meets certain specifications; providing an  
6           effective date.

7  
8   Be It Enacted by the Legislature of the State of Florida:

9  
10           Section 1. Paragraph (b) of subsection (1) of section  
11   399.035, Florida Statutes, is amended to read:

12           399.035 Elevator accessibility requirements for the  
13   physically handicapped.—

14           (1) Each elevator, the installation of which is begun after  
15   October 1, 1990, must be made accessible to physically  
16   handicapped persons with the following requirements:

17           (b) Each elevator car interior must have a support rail on  
18   at least one wall. All support rails must be smooth and have no  
19   sharp edges and must not be more than 1 1/2 inches thick or 2  
20   1/2 inches in diameter. At least one support rail ~~Support rails~~  
21   must be continuous and a minimum length of 42 inches overall.  
22   The inside surface of support rails must be 1 1/2 inches clear  
23   of the car wall. The distance from the top of the support rail  
24   to the finished car floor must be at least 31 inches and not  
25   more than 33 inches. Padded or tufted material or decorative  
26   materials such as wallpaper, vinyl, cloth, or the like may not  
27   be used on support rails.

28           Section 2. This act shall take effect July 1, 2025.



The Florida Senate

## Committee Agenda Request

**To:** Senator Jennifer Bradley, Chair  
Committee on Regulated Industries

**Subject:** Committee Agenda Request

**Date:** March 6, 2025

---

I respectfully request that **Senate Bill #960**, relating to Elevator Accessibility Requirements, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in blue ink that reads "Mack Bernard".

---

Senator Mack Bernard  
Florida Senate, District 24

The Florida Senate

# APPEARANCE RECORD

SB 960

3/19/2025

Meeting Date

Regulated Industries

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Savannah Clarkston

Phone 303-862-2331

Address 255 Old Village Ctr. Cir. #9302

Email sclarkston@neii.org

Street

St. Augustine

FL

32084

City

State

Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

**National Elevator Industry Inc.**

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

*While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flisenate.gov\)](#)*

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

**APPEARANCE RECORD**

SB 960

3/19/2024

Meeting Date

Senate Regulated Industries

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Ronald Brise

Phone 3059343979

Address 215 South Monroe St. Suite 601

Email rbrise@gunster.com

Street

Tallahassee

FL

32301

City

State

Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

National Elevtaor Industry, Inc.

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

*While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. § 111.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flisenate.gov\)](#)*

This form is part of the public record for this meeting.

S-001 (08/10/2021)

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Regulated Industries

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BILL: CS/SB 1262

INTRODUCER: Regulated Industries Committee and Senator Burgess

SUBJECT: Construction Contracting

DATE: March 19, 2025

REVISED: \_\_\_\_\_

|    | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|---------|----------------|-----------|--------|
| 1. | Baird   | Imhof          | RI        | Fav/CS |
| 2. |         |                | AEG       |        |
| 3. |         |                | RC        |        |

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 1262 provides new required continuing education topics for contractors.

Additionally, the bill provides for a new disciplinary process for the department and contractors, primarily through the use of a disciplinary form that will be completed and submitted by each jurisdiction to a “automated information system” as described in s. 455.2286, F.S. The information system will be maintained by the Department of Business and Professional Regulation (DBPR) and local regulation boards shall search the automated system for any infractions before issuing a license or registration to a contractor.

The new disciplinary process will allow local construction regulatory boards to share information about illegal contractor behavior through an automated information system maintained by the DBPR. The bill provides notice requirements for the local construction regulation boards to adhere to and to report its operational status to the DBPR annually.

The bill also revises requirements placed upon a contractor who receives money for repair, restoration, addition, improvement, or construction of real property in excess of the value of the work they have performed. It creates an additional duty of to complete the contract without unreasonable delay and provide a schedule for completion. The new requirements also create a default time period (30 days after cancelation) for money to be returned to the consumer if there is no rescission provision in a contract between contractor and consumer. Failure by the

contractor to return the unused funds or provide a statement of expenditures within the specified period will subject the contractor to disciplinary action.

SB 1262 also adds felony criminal penalties for a person who falsely holds himself or business as being a licensed contractor and takes money from a consumer who reasonably relied on such falsification.

Finally, the bill provides that local construction regulation boards shall submit a standardized disciplinary form for a disciplinary action taken against any certificateholder or registrant.

The bill provides that this act shall take effect July 1, 2025.

## **II. Present Situation:**

### **Contractors**

The construction industry in Florida is governed by a comprehensive legal and regulatory framework established by the Florida Legislature to protect public health, safety, and welfare. Ch. 489, F.S., addresses the licensure and regulation of construction contracting within the state through the DBPR.

Construction contractors are defined as a person who is qualified for, and is responsible for the project contracted for, for compensation, undertakes to, submits a bid to, or does himself or herself or by others construct, repair, alter, remodel, add to, demolish, subtract from, or improve any building or structure, including related improvements to real estate, for others or for resale to others.<sup>1</sup>

Construction contractors are either certified or registered by the Construction Industry Licensing Board (CILB) housed within the DBPR.<sup>2</sup> The CILB consists of 18 members who are appointed by the Governor and confirmed by the Senate.<sup>3</sup> The CILB meets to approve or deny applications for licensure, review disciplinary cases, and conduct informal hearings relating to discipline.<sup>4</sup>

Current law provides that local governments may approve or deny applications for licensure as a registered contractor, review disciplinary cases, and conduct informal hearings relating to discipline of registered contractors licensed in their jurisdiction.<sup>5</sup>

If an individual proposes to engage in contracting in the individual's own name, or a fictitious name where the individual is doing business as a sole proprietorship, registration or certification may be issued only to that individual.<sup>6</sup>

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<sup>1</sup> Section 489.105(3), F.S.

<sup>2</sup> See ss. 489.105, 489.107, and 489.113, F.S.

<sup>3</sup> Section 489.107(1), F.S.

<sup>4</sup> Section 489.107, F.S.

<sup>5</sup> Sections 489.117 and 489.131, F.S.

<sup>6</sup> Section 489.119(1), F.S.

## Eligibility Requirements for a Contractor

To legally engage in contracting in Florida, individuals must obtain either a certified or registered license. Certification, granted by the state, allows a contractor to work anywhere in Florida within the scope of their license. Registration, however, typically limits practice to specific local jurisdictions where the contractor has registered.

General eligibility for a contractor license in Florida usually requires a minimum of four years of relevant experience in the field.<sup>7</sup> However, formal education in a construction-related area can substitute for some experience. For example, a construction-related degree from an accredited college may be equivalent to three years of experience.<sup>8</sup> Applicants must be at least 18 years of age, of good moral character, and meet one of the listed criteria.<sup>9</sup>

## Contractor Continuing Education Requirements

Maintaining a valid contractor license in Florida requires ongoing professional development through mandatory continuing education. Both certified and registered contractors must complete at least 14 hours of continuing education every two years.<sup>10</sup> This ensures contractors stay updated on changes in laws, regulations, safety practices, and technological advancements.

Of those 14 hours of continuing education, required topics include:<sup>11</sup>

- Workers' compensation,
- Business practices,
- Workplace safety, and for applicable licensure categories,
- Wind mitigation methodologies, and
- 1 hour of which must deal with laws and rules.

## Discipline of Contractors

Sections 489.127 and 489.129, F.S., outline grounds for prohibitions, penalties, and disciplinary actions against contractors for various violations of laws or professional ethics. Disciplinary actions can be taken by local construction regulation boards, by the state through the DBPR or for violation of rules by the CILB.

In the most recent DBPR report, there were 1,0088 administrative complaints filed in the construction industry and 9,831 complaints received.<sup>12</sup>

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<sup>7</sup>Section 489.111(2)(c)(2), F.S.

<sup>8</sup> Section 489.111(2)(c)(1), F.S.

<sup>9</sup> Section 489.111(2), F.S.

<sup>10</sup> Section 489.115(4)(b), F.S.

<sup>11</sup> Section 489.115(4)(b)(1), F.S.

<sup>12</sup> See Department of Business and Professional Regulation, Division of Professions, Division of Certified Public Accounting, Division of Real Estate, and Division of Regulation, *Annual Report, Fiscal Year 2022-2023*, available at <https://www2.myfloridalicense.com/os/documents/Division%20Annual%20Report%20FY%202022-23.pdf> (last visited March 18, 2025).

Currently there is no centralized information system or database that local jurisdictions can access to verify the good standing of a contractor that does business in another jurisdiction.

### **Payment to Contractors**

Section 489.126, F.S., outlines legal requirements for payments to contractors, especially for residential projects since most commercial projects are governed mostly by contract.

Once a contractor has received money from a consumer, a special set of requirements apply to a contractor. For example, once money is received work must commence within 90 days after a permit is issued.<sup>13</sup> Contractors receiving payments exceeding the value of completed work cannot fail to perform further work for 90 days and failure to work without valid reason is evidence of violation.<sup>14</sup>

In such cases, consumers can demand work resumption or a refund after making written demand to contractor, if contractor does not perform work, or refund money received in excess within 30 days after receiving written demand, it may be inferred that a contractor does not have just cause.<sup>15</sup>

Currently, the DBPR does not delineate the number of complaints that are received regarding payments made to contractors.

### **III. Effect of Proposed Changes:**

**Section 1** of the bill provides that the required 14 hours of continuing education must include “financial literacy and basic consumer protection principals relating to construction fraud, construction contractual agreements, deposit and escrow requirements, [and] homeowner rights.”

**Section 2** of the bill requires the DBPR to create, adopt, and publish notice of proposed rules for a standardized disciplinary form for use by each local construction regulation board to uniformly report to the DBPR any infractions and disciplinary actions against registered contractors within their jurisdictions. The form shall be created by January 1, 2026.

It also provides for a new disciplinary process for the DBPR and contractors primarily through the use of a disciplinary form that will be completed and submitted by each jurisdiction to a “automated information system” as described in s. 455.2286, F.S. The information system will be maintained by the DBPR and local regulation boards shall search the automated system for any infractions before issuing a license or registration to a contractor.

The local construction board will be required to post notice on its website that it has submitted a disciplinary form to the department. The local construction board will also be required to post notice indicating whether final disciplinary action has been administered and providing nonconfidential details pertaining to the investigation for the public. The local construction

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<sup>13</sup> Section 489.126(3)(a), F.S.

<sup>14</sup> Section 489.126(3)(b), F.S.

<sup>15</sup> Section 489.126(3)(b)3.c., F.S.

regulation boards will be required to report its operational status to the department annually by December 1.

**Section 3** of the bill revises requirements placed upon a contractor who receives money for repair, restoration, addition, improvement, or construction of real property in excess of the value of the work they have performed. The bill adds the additional requirement that, with exceptions, the contractor shall work without unreasonable delay to complete the project and shall provide, within 10 days after receipt of a written request, a schedule for completion. This additional requirement does not prevent the contractor from collecting additional compensation for demobilization, remobilization, acceleration, cost of materials, or any other cost, damage, or fee caused by the temporary suspension or delay if the temporary suspension or delay was caused by the owner, an act of God, a declaration of a state of emergency issued by the Governor which impacts construction of the project, or a governmental order and if the contract entitles the contractor to such compensation.

The new requirements also create a default period (30 days after cancellation) for money to be returned to the consumer if there is no rescission provision in a contract between contractor and consumer. Failure by the contractor to return the unused funds or provide a statement of expenditures within the specified period will subject the contractor to disciplinary action, including such action described in s. 489.129(1), F.S.

**Section 4** of the bill adds felony criminal penalties for a person who falsely holds himself or business as being a licensed contractor and takes money from a consumer who reasonably relied on such falsification. The newly created felony schedule is a:

- Third degree felony, if the total money exchanged is more than \$1,000 but less than \$20,000.
- Second degree felony, if the total money exchanged is \$20,000 or more but less than \$200,000.
- First degree felony, if the total money exchanged is \$200,000 or more.
- Third degree felony, if such person is unlicensed and commits the violation during a state of emergency declared by executive order of the Governor.

**Section 5** of the bill provides that a local construction regulation board shall submit a standardized disciplinary form pursuant to s. 489.1205, F.S., for any disciplinary action taken against any certificateholder or registrant, including, but not limited to:

- Placement on probation or reprimand of the licensee;
- Revocation, suspension, or denial of issuance or renewal of the certificate or registration;
- An order of payment of financial restitution to a consumer for financial harm directly related to a violation of a provision of this part;
- Imposition of an administrative fine;
- An order to take continuing education courses; or
- Assessment of costs associated with investigation and prosecution.

**Sections 6 - 9** correct cross references.

**Section 10** provides that this act shall take effect July 1, 2025.

**IV. Constitutional Issues:**

## A. Municipality/County Mandates Restrictions:

None.

## B. Public Records/Open Meetings Issues:

None.

## C. Trust Funds Restrictions:

None.

## D. State Tax or Fee Increases:

None.

## E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:**

## A. Tax/Fee Issues:

None.

## B. Private Sector Impact:

None.

## C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 489.111, 489.115, 489.126, 489.127, 489.129, 489.119, and 489.131.

This bill creates section 489.1205 of Florida Statute.

**IX. Additional Information:**

- A. **Committee Substitute – Statement of Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Regulated Industries on March 19, 2025:**

The committee substitute deletes a provision relating to eligibility requirements requiring a notarized statement of work experience and correcting a scrivener's error.

- B. **Amendments:**

None.



608978

LEGISLATIVE ACTION

| Senate     | . | House |
|------------|---|-------|
| Comm: RCS  | . |       |
| 03/19/2025 | . |       |
|            | . |       |
|            | . |       |
|            | . |       |

---

The Committee on Regulated Industries (Burgess) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Paragraph (b) of subsection (4) of section  
489.115, Florida Statutes, is amended to read:

489.115 Certification and registration; endorsement;  
reciprocity; renewals; continuing education.—

(4)

(b)1. Each certificateholder or registrant shall provide



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11 proof, in a form established by rule of the board, that the  
12 certificateholder or registrant has completed at least 14  
13 classroom hours of at least 50 minutes each of continuing  
14 education courses during each biennium since the issuance or  
15 renewal of the certificate or registration. The board shall  
16 establish by rule that a portion of the required 14 hours must  
17 deal with the subject of workers' compensation, business  
18 practices, workplace safety, financial literacy and basic  
19 consumer protection principles relating to construction fraud,  
20 construction contractual agreements, deposit and escrow  
21 requirements, homeowner rights, and, for applicable licensure  
22 categories, wind mitigation methodologies, and 1 hour of which  
23 must deal with laws and rules. The board shall by rule establish  
24 criteria for the approval of continuing education courses and  
25 providers, including requirements relating to the content of  
26 courses and standards for approval of providers, and may by rule  
27 establish criteria for accepting alternative nonclassroom  
28 continuing education on an hour-for-hour basis. The board shall  
29 prescribe by rule the continuing education, if any, which is  
30 required during the first biennium of initial licensure. A  
31 person who has been licensed for less than an entire biennium  
32 must not be required to complete the full 14 hours of continuing  
33 education.

34 2. In addition, the board may approve specialized  
35 continuing education courses on compliance with the wind  
36 resistance provisions for one and two family dwellings contained  
37 in the Florida Building Code and any alternate methodologies for  
38 providing such wind resistance which have been approved for use  
39 by the Florida Building Commission. Division I



608978

40 certificateholders or registrants who demonstrate proficiency  
41 upon completion of such specialized courses may certify plans  
42 and specifications for one and two family dwellings to be in  
43 compliance with the code or alternate methodologies, as  
44 appropriate, except for dwellings located in floodways or  
45 coastal hazard areas as defined in ss. 60.3D and E of the  
46 National Flood Insurance Program.

47 3. The board shall require, by rule adopted pursuant to ss.  
48 120.536(1) and 120.54, a specified number of hours in  
49 specialized or advanced module courses, approved by the Florida  
50 Building Commission, on any portion of the Florida Building  
51 Code, adopted pursuant to part IV of chapter 553, relating to  
52 the contractor's respective discipline.

53 Section 2. Section 489.1285, Florida Statutes, is created  
54 to read:

55 489.1285 Disciplinary forms.-

56 (1) The department shall create and adopt by rule a  
57 standardized disciplinary form to be used by each local  
58 construction regulation board to uniformly report a violation of  
59 this part to the department. The department shall create the  
60 standardized disciplinary form and publish a notice of proposed  
61 rule pursuant to s. 120.54(3)(a) by July 1, 2026.

62 (2)(a) Upon adoption of the standardized disciplinary form  
63 by the department, each local construction regulation board  
64 shall use the form when reporting any disciplinary action to the  
65 department. The department shall record each submitted form in  
66 the automated information system created under s. 455.2286.

67 (b) Each local construction regulation board shall search  
68 the automated information system for any recorded disciplinary



608978

69 forms before issuing a license or registration under this part.

70 (3) By December 1, 2026, each local construction regulation  
71 board shall submit to the department a report regarding the  
72 board's implementation of this section.

73 Section 3. Present subsections (4), (5), and (6) of section  
74 489.126, Florida Statutes, are redesignated as subsections (5),  
75 (6), and (7), respectively, a new subsection (4) is added to  
76 that section, and paragraph (a) of subsection (3) of that  
77 section is amended, to read:

78 489.126 Moneys received by contractors.-

79 (3) (a) A contractor who receives money for repair,  
80 restoration, addition, improvement, or construction of  
81 residential real property in excess of the value of the work  
82 performed may not fail or refuse to perform any work for any 90-  
83 day period or for any period that is mutually agreed upon and  
84 specified in the contract. After such period, and except where  
85 the contract expressly allows the contractor to continue his or  
86 her temporary suspension or delay of work, or where the owner  
87 has materially breached the contract, the contractor must work  
88 without unreasonable delay to complete the project and must  
89 provide, within 10 days after receipt of a written request, a  
90 schedule for completion. Nothing herein shall prevent the  
91 contractor from collecting additional compensation for  
92 demobilization, remobilization, acceleration, cost of materials,  
93 or any other cost, damage, or fee caused by the temporary  
94 suspension or delay if the temporary suspension or delay was  
95 caused by the owner, an act of God, a declaration of a state of  
96 emergency issued by the Governor which impacts construction of  
97 the project, or a governmental order and if the contract



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98 entitles the contractor to such compensation.

99 (4) (a) If a consumer provides a deposit to a licensed  
100 contractor for a construction project and subsequently cancels  
101 the project, and the contract between the parties does not  
102 contain a provision relating to rescission of such contract, the  
103 contractor must return the deposit within 30 days after  
104 cancellation. The contractor may retain any portion of the  
105 deposit which has been spent on the project before the  
106 cancellation request, provided that a detailed statement of such  
107 expenditures is given to the consumer.

108 (b) Failure by the contractor to return the balance of  
109 unused funds or to provide a statement of expenditures within  
110 the specified period will subject the contractor to disciplinary  
111 action, including such action described in s. 489.129(1).

112 Section 4. Present subsections (3) through (6) of section  
113 489.127, Florida Statutes, are redesignated as subsections (4)  
114 through (7), respectively, and a new subsection (3) is added to  
115 that section, and subsection (1) of that section is republished  
116 to read:

117 489.127 Prohibitions; penalties.—

118 (1) No person shall:

119 (a) Falsely hold himself or herself or a business  
120 organization out as a licensee, certificateholder, or  
121 registrant;

122 (b) Falsely impersonate a certificateholder or registrant;

123 (c) Present as his or her own the certificate or  
124 registration of another;

125 (d) Knowingly give false or forged evidence to the board or  
126 a member thereof;



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127           (e) Use or attempt to use a certificate or registration  
128 that has been suspended or revoked;

129           (f) Engage in the business or act in the capacity of a  
130 contractor or advertise himself or herself or a business  
131 organization as available to engage in the business or act in  
132 the capacity of a contractor without being duly registered or  
133 certified;

134           (g) Operate a business organization engaged in contracting  
135 after 60 days following the termination of its only qualifying  
136 agent without designating another primary qualifying agent,  
137 except as provided in ss. 489.119 and 489.1195;

138           (h) Commence or perform work for which a building permit is  
139 required pursuant to part IV of chapter 553 without such  
140 building permit being in effect; or

141           (i) Willfully or deliberately disregard or violate any  
142 municipal or county ordinance relating to uncertified or  
143 unregistered contractors.

144

145 For purposes of this subsection, a person or business  
146 organization operating on an inactive or suspended certificate  
147 or registration is not duly certified or registered and is  
148 considered unlicensed. A business tax receipt issued under the  
149 authority of chapter 205 is not a license for purposes of this  
150 part.

151           (3) A person who violates paragraph (1) (a), paragraph  
152 (1) (b), or paragraph (1) (c) and takes money from a consumer who  
153 reasonably relied on such falsification commits:

154           (a) A felony of the third degree, punishable as provided in  
155 s. 775.082, s. 775.083, or s. 775.084, if the total money



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156 exchanged is more than \$1,000 but less than \$20,000.

157 (b) A felony of the second degree, punishable as provided  
158 in s. 775.082, s. 775.083, or s. 775.084, if the total money  
159 exchanged is \$20,000 or more but less than \$200,000.

160 (c) A felony of the first degree, punishable as provided in  
161 s. 775.082, s. 775.083, or s. 775.084, if the total money  
162 exchanged is \$200,000 or more.

163 (d) A felony of the third degree, punishable as provided in  
164 s. 775.082 or s. 775.083, if such person is unlicensed and  
165 commits the violation during a state of emergency declared by  
166 executive order of the Governor.

167 Section 5. Subsection (13) is added to section 489.129,  
168 Florida Statutes, to read:

169 489.129 Disciplinary proceedings.—

170 (13) The local construction regulation board shall submit a  
171 standardized disciplinary form pursuant to s. 489.1285 for any  
172 disciplinary action taken against any certificateholder or  
173 registrant, including, but not limited to, placement on  
174 probation or reprimand of the licensee; revocation, suspension,  
175 or denial of issuance or renewal of the certificate or  
176 registration; an order of payment of financial restitution to a  
177 consumer for financial harm directly related to a violation of a  
178 provision of this part; imposition of an administrative fine; an  
179 order to take continuing education courses; or assessment of  
180 costs associated with investigation and prosecution.

181 Section 6. Paragraph (f) of subsection (5) of section  
182 489.119, Florida Statutes, is amended to read:

183 489.119 Business organizations; qualifying agents.—

184 (5)



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185 (f) In addition to any other penalty prescribed by law, a  
186 local government may impose a civil fine pursuant to s.  
187 489.127(6) ~~s. 489.127(5)~~ against a person who is not certified  
188 or registered under this part if the person:

189 1. Claims to be licensed in any offer of services, business  
190 proposal, bid, contract, or advertisement, but does not possess  
191 a valid competency-based license issued by a local government in  
192 this state to perform the specified construction services; or

193 2. Claims to be insured in any offer of services, business  
194 proposal, bid, contract, or advertisement, but whose performance  
195 of the subject work is not covered by a general liability or  
196 workers' compensation insurance policy.

197 Section 7. Paragraph (c) of subsection (6) of section  
198 489.131, Florida Statutes, is amended to read:

199 489.131 Applicability.—

200 (6)

201 (c) Each local board or agency that licenses contractors  
202 must transmit quarterly to the board a report of any  
203 disciplinary action taken against contractors and of any  
204 administrative or disciplinary action taken against unlicensed  
205 persons for engaging in the business or acting in the capacity  
206 of a contractor including any cease and desist orders issued  
207 pursuant to s. 489.113(2)(b) and any fine issued pursuant to s.  
208 489.127(6) ~~s. 489.127(5)~~.

209 Section 8. For the purpose of incorporating the amendment  
210 made by this act to section 489.115, Florida Statutes, in a  
211 reference thereto, paragraph (a) of subsection (4) of section  
212 489.517, Florida Statutes, is reenacted to read:

213 489.517 Renewal of certificate or registration; continuing



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214 education.-

215 (4) (a) If a certificateholder or registrant holds a license  
216 under both this part and part I and is required to have  
217 continuing education courses under s. 489.115(4) (b)1., the  
218 certificateholder or registrant may apply those course hours for  
219 workers' compensation, workplace safety, and business practices  
220 obtained under part I to the requirements under this part.

221 Section 9. For the purpose of incorporating the amendment  
222 made by this act to section 489.115, Florida Statutes, in a  
223 reference thereto, subsection (18) of section 553.79, Florida  
224 Statutes, is reenacted to read:

225 553.79 Permits; applications; issuance; inspections.-

226 (18) Certifications by contractors authorized under the  
227 provisions of s. 489.115(4) (b) shall be considered equivalent to  
228 sealed plans and specifications by a person licensed under  
229 chapter 471 or chapter 481 by local enforcement agencies for  
230 plans review for permitting purposes relating to compliance with  
231 the wind resistance provisions of the code or alternate  
232 methodologies approved by the commission for one and two family  
233 dwellings. Local enforcement agencies may rely upon such  
234 certification by contractors that the plans and specifications  
235 submitted conform to the requirements of the code for wind  
236 resistance. Upon good cause shown, local government code  
237 enforcement agencies may accept or reject plans sealed by  
238 persons licensed under chapter 471, chapter 481, or chapter 489.  
239 A truss-placement plan is not required to be signed and sealed  
240 by an engineer or architect unless prepared by an engineer or  
241 architect or specifically required by the Florida Building Code.

242 Section 10. This act shall take effect July 1, 2025.



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===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause  
and insert:

A bill to be entitled

An act relating to construction contracting; amending  
s. 489.115, F.S.; requiring that a portion of the 14  
classroom hours required for the contractor  
certificateholder's or registrant's continuing  
education relate to financial literacy and basic  
consumer protection principles; creating s. 489.1285,  
F.S.; requiring the Department of Business and  
Professional Regulation to create and adopt by a date  
certain a standardized disciplinary form for a certain  
purpose; requiring local construction regulation  
boards to use such standardized disciplinary form when  
reporting any disciplinary action to the department;  
requiring the department to record each submitted form  
in a specified automated information system; requiring  
each local construction regulation board to search the  
automated information system for recorded disciplinary  
forms before issuing a license or registration under  
this part; requiring each local construction  
regulation board to submit a specified report by a  
date certain; amending s. 489.126, F.S.; requiring a  
contractor who has received money for the repair,  
restoration, addition, improvement, or construction of  
residential real property in excess of the value of



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272 the work to work without unreasonable delay to  
273 complete the project after a specified timeframe and  
274 to provide a schedule for completion of the project  
275 within a specified timeframe upon request; authorizing  
276 a contractor to collect additional compensation under  
277 certain circumstances; requiring a contractor to  
278 return a consumer's deposit within a specified  
279 timeframe under certain circumstances; authorizing the  
280 contractor to retain a portion of such deposit under  
281 certain circumstances; providing for disciplinary  
282 action against a contractor under certain  
283 circumstances; amending s. 489.127, F.S.; providing  
284 penalties; amending s. 489.129, F.S.; requiring the  
285 local construction regulation board to submit a  
286 standardized disciplinary form under certain  
287 circumstances; amending ss. 489.119 and 489.131, F.S.;  
288 conforming cross-references; reenacting ss.  
289 489.517(4)(a) and 553.79(18), F.S., relating to  
290 continuing education for renewal of certificate or  
291 registration and permits, respectively, to incorporate  
292 the amendment made to s. 489.115, F.S., in references  
293 thereto; providing an effective date.

By Senator Burgess

23-00332A-25

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1 A bill to be entitled  
 2 An act relating to construction contracting; amending  
 3 s. 489.111, F.S.; revising requirements for contractor  
 4 licensure by examination; amending s. 489.115, F.S.;  
 5 requiring that a portion of the 14 classroom hours  
 6 required for the contractor certificateholder's or  
 7 registrant's continuing education relate to financial  
 8 literacy and basic consumer protection principles;  
 9 creating s. 489.1205, F.S.; requiring the Department  
 10 of Business and Professional Regulation to create,  
 11 adopt, and publish a notice of proposed rule for a  
 12 standardized disciplinary form for a local  
 13 construction regulation board to report an infraction  
 14 of a registered contractor; requiring the department  
 15 to create the standardized disciplinary form by a  
 16 specified date; requiring each local construction  
 17 regulation board to use such form to submit any  
 18 disciplinary action to the department; requiring the  
 19 department to record such submittals in the automated  
 20 information system; requiring the local construction  
 21 regulation board to search the automated information  
 22 system for a specified purpose; requiring the local  
 23 construction regulation board to post certain notice  
 24 on its website; requiring a local construction board  
 25 to annually report its operational status to the  
 26 department by a specified date; amending s. 489.126,  
 27 F.S.; requiring a contractor who has received money  
 28 for the repair, restoration, addition, improvement, or  
 29 construction of residential real property in excess of

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30 the value of the work to work without unreasonable  
 31 delay to complete the project after a specified  
 32 timeframe and to provide a schedule for completion of  
 33 the project within a specified timeframe upon request;  
 34 providing that a contractor may collect additional  
 35 compensation under certain circumstances; requiring a  
 36 contractor to return a consumer's deposit within a  
 37 specified timeframe under certain circumstances;  
 38 authorizing the contractor to retain a portion of such  
 39 deposit under certain circumstances; providing for  
 40 disciplinary action against a contractor under certain  
 41 circumstances; amending s. 498.127, F.S.; providing  
 42 penalties; amending s. 489.129, F.S.; requiring the  
 43 local construction regulation board to submit a  
 44 standardized disciplinary form under certain  
 45 circumstances; amending ss. 489.119 and 489.131, F.S.;

46 conforming cross-references; reenacting s.  
 47 489.1131(1)(b), relating to credit for relevant  
 48 military training and education, to incorporate the  
 49 amendment made to s. 489.111, F.S., in references  
 50 thereto; reenacting ss. 489.517(4)(a) and 553.79(18),  
 51 F.S., relating to continuing education for renewal of  
 52 certificate or registration and permits, respectively,  
 53 to incorporate the amendment made to s. 489.115, F.S.,  
 54 in references thereto; providing an effective date.

56 Be It Enacted by the Legislature of the State of Florida:

58 Section 1. Paragraph (c) of subsection (2) of section

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489.111, Florida Statutes, is amended to read:

489.111 Licensure by examination.—

(2) A person shall be eligible for licensure by examination if the person:

(a) Is 18 years of age;

(b) Is of good moral character; and

(c) Meets eligibility requirements according to one of the following criteria and, when applicable, is able to provide a notarized statement from a licensed contractor with direct knowledge of the work experience described in the applicant's application, subject to discipline by the department if such information given and attested to is found to be purposefully false or misleading:

1. Has received a baccalaureate degree from an accredited 4-year college in the appropriate field of engineering, architecture, or building construction and has 1 year of proven experience in the category in which the person seeks to qualify. For the purpose of this part, a minimum of 2,000 person-hours shall be used in determining full-time equivalency. An applicant who is exempt from passing an examination under s. 489.113(1) is eligible for a license under this section.

2. Has a total of at least 4 years of active experience as a worker who has learned the trade by serving an apprenticeship as a skilled worker who is able to command the rate of a mechanic in the particular trade or as a foreman who is in charge of a group of workers and usually is responsible to a superintendent or a contractor or his or her equivalent; provided, however, that at least 1 year of active experience shall be as a foreman.

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3. Has a combination of not less than 1 year of experience as a foreman and not less than 3 years of credits for any accredited college-level courses; has a combination of not less than 1 year of experience as a skilled worker, 1 year of experience as a foreman, and not less than 2 years of credits for any accredited college-level courses; or has a combination of not less than 2 years of experience as a skilled worker, 1 year of experience as a foreman, and not less than 1 year of credits for any accredited college-level courses. All junior college or community college-level courses shall be considered accredited college-level courses.

4.a. An active certified residential contractor is eligible to receive a certified building contractor license after passing or having previously passed the building contractors' examination if he or she possesses a minimum of 3 years of proven experience in the classification in which he or she is certified.

b. An active certified residential contractor is eligible to receive a certified general contractor license after passing or having previously passed the general contractors' examination if he or she possesses a minimum of 4 years of proven experience in the classification in which he or she is certified.

c. An active certified building contractor is eligible to receive a certified general contractor license after passing or having previously passed the general contractors' examination if he or she possesses a minimum of 4 years of proven experience in the classification in which he or she is certified.

5.a. An active certified air-conditioning Class C contractor is eligible to receive a certified air-conditioning

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117 Class B contractor license after passing or having previously  
 118 passed the air-conditioning Class B contractors' examination if  
 119 he or she possesses a minimum of 3 years of proven experience in  
 120 the classification in which he or she is certified.

121 b. An active certified air-conditioning Class C contractor  
 122 is eligible to receive a certified air-conditioning Class A  
 123 contractor license after passing or having previously passed the  
 124 air-conditioning Class A contractors' examination if he or she  
 125 possesses a minimum of 4 years of proven experience in the  
 126 classification in which he or she is certified.

127 c. An active certified air-conditioning Class B contractor  
 128 is eligible to receive a certified air-conditioning Class A  
 129 contractor license after passing or having previously passed the  
 130 air-conditioning Class A contractors' examination if he or she  
 131 possesses a minimum of 1 year of proven experience in the  
 132 classification in which he or she is certified.

133 6.a. An active certified swimming pool servicing contractor  
 134 is eligible to receive a certified residential swimming pool  
 135 contractor license after passing or having previously passed the  
 136 residential swimming pool contractors' examination if he or she  
 137 possesses a minimum of 3 years of proven experience in the  
 138 classification in which he or she is certified.

139 b. An active certified swimming pool servicing contractor  
 140 is eligible to receive a certified commercial swimming pool  
 141 contractor license after passing or having previously passed the  
 142 swimming pool commercial contractors' examination if he or she  
 143 possesses a minimum of 4 years of proven experience in the  
 144 classification in which he or she is certified.

145 c. An active certified residential swimming pool contractor

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146 is eligible to receive a certified commercial swimming pool  
 147 contractor license after passing or having previously passed the  
 148 commercial swimming pool contractors' examination if he or she  
 149 possesses a minimum of 1 year of proven experience in the  
 150 classification in which he or she is certified.

151 d. An applicant is eligible to receive a certified swimming  
 152 pool/spa servicing contractor license after passing or having  
 153 previously passed the swimming pool/spa servicing contractors'  
 154 examination if he or she has satisfactorily completed 60 hours  
 155 of instruction in courses related to the scope of work covered  
 156 by that license and approved by the Construction Industry  
 157 Licensing Board by rule and has at least 1 year of proven  
 158 experience related to the scope of work of such a contractor.

159 Section 2. Paragraph (b) of subsection (4) of section  
 160 489.115, Florida Statutes, is amended to read:

161 489.115 Certification and registration; endorsement;  
 162 reciprocity; renewals; continuing education.-

163 (4)

164 (b)1. Each certificateholder or registrant shall provide  
 165 proof, in a form established by rule of the board, that the  
 166 certificateholder or registrant has completed at least 14  
 167 classroom hours of at least 50 minutes each of continuing  
 168 education courses during each biennium since the issuance or  
 169 renewal of the certificate or registration. The board shall  
 170 establish by rule that a portion of the required 14 hours must  
 171 deal with the subject of workers' compensation, business  
 172 practices, workplace safety, financial literacy and basic  
 173 consumer protection principles relating to construction fraud,  
 174 construction contractual agreements, deposit and escrow

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175 requirements, homeowner rights, and, for applicable licensure  
 176 categories, wind mitigation methodologies, and 1 hour of which  
 177 must deal with laws and rules. The board shall by rule establish  
 178 criteria for the approval of continuing education courses and  
 179 providers, including requirements relating to the content of  
 180 courses and standards for approval of providers, and may by rule  
 181 establish criteria for accepting alternative nonclassroom  
 182 continuing education on an hour-for-hour basis. The board shall  
 183 prescribe by rule the continuing education, if any, which is  
 184 required during the first biennium of initial licensure. A  
 185 person who has been licensed for less than an entire biennium  
 186 must not be required to complete the full 14 hours of continuing  
 187 education.

188 2. In addition, the board may approve specialized  
 189 continuing education courses on compliance with the wind  
 190 resistance provisions for one and two family dwellings contained  
 191 in the Florida Building Code and any alternate methodologies for  
 192 providing such wind resistance which have been approved for use  
 193 by the Florida Building Commission. Division I  
 194 certificateholders or registrants who demonstrate proficiency  
 195 upon completion of such specialized courses may certify plans  
 196 and specifications for one and two family dwellings to be in  
 197 compliance with the code or alternate methodologies, as  
 198 appropriate, except for dwellings located in floodways or  
 199 coastal hazard areas as defined in ss. 60.3D and E of the  
 200 National Flood Insurance Program.

201 3. The board shall require, by rule adopted pursuant to ss.  
 202 120.536(1) and 120.54, a specified number of hours in  
 203 specialized or advanced module courses, approved by the Florida

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204 Building Commission, on any portion of the Florida Building  
 205 Code, adopted pursuant to part IV of chapter 553, relating to  
 206 the contractor's respective discipline.

207 Section 3. Section 489.1205, Florida Statutes, is created  
 208 to read:

209 489.1205 Discipline.—

210 (1) The department shall create, adopt, and publish a  
 211 notice of proposed rule pursuant to s. 120.54(3)(a) for a  
 212 standardized disciplinary form for use by each local  
 213 construction regulation board to uniformly report to the  
 214 department infractions and disciplinary actions against  
 215 registered contractors within their jurisdictions, as described  
 216 in s. 489.129(1). The department shall create the standardized  
 217 disciplinary form by January 1, 2026.

218 (2) Each local construction regulation board shall use the  
 219 standardized disciplinary form to submit any disciplinary action  
 220 to the department. The department shall record the submittals in  
 221 the automated information system described in s. 455.2286.

222 (3) A local construction regulation board shall search the  
 223 department's automated information system for any infractions  
 224 before issuing a license or registration to a contractor.

225 (4) The local construction regulation board shall post  
 226 notice on its website that it has submitted a disciplinary form  
 227 to the department. Subsequently, the local construction  
 228 regulation board shall post notice indicating whether final  
 229 disciplinary action has been administered and providing  
 230 nonconfidential details pertaining to the investigation,  
 231 including, but not limited to, the license number of the  
 232 contractor, the entity's legal name, fictitious name or the

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233 "doing business as" business alias, and the county in which the  
 234 events giving rise to the disciplinary action occurred.

235 (5) A local construction regulation board shall report its  
 236 operational status to the department annually by December 1.

237 Section 4. Present subsections (4), (5), and (6) of section  
 238 489.126, Florida Statutes, are redesignated as subsections (5),  
 239 (6), and (7), respectively, a new subsection (4) is added to  
 240 that section, and paragraph (a) of subsection (3) of that  
 241 section is amended, to read:

242 489.126 Moneys received by contractors.-

243 (3) (a) A contractor who receives money for repair,  
 244 restoration, addition, improvement, or construction of  
 245 residential real property in excess of the value of the work  
 246 performed may not fail or refuse to perform any work for any 90-  
 247 day period or for any period that is mutually agreed upon and  
 248 specified in the contract. After such period, and except where  
 249 the contract expressly allows the contractor to continue his or  
 250 her temporary suspension or delay of work, or where the owner  
 251 has materially breached the contract, the contractor shall work  
 252 without unreasonable delay to complete the project and shall  
 253 provide, within 10 days after receipt of a written request, a  
 254 schedule for completion. Nothing herein shall prevent the  
 255 contractor from collecting additional compensation for  
 256 demobilization, remobilization, acceleration, cost of materials,  
 257 or any other cost, damage, or fee caused by the temporary  
 258 suspension or delay if the temporary suspension or delay was  
 259 caused by the owner, an act of God, a declaration of a state of  
 260 emergency issued by the Governor which impacts construction of  
 261 the project, or a governmental order and if the contract

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262 entitles the contractor to such compensation.

263 (4) (a) If a consumer provides a deposit to a licensed  
 264 contractor for a construction project and subsequently cancels  
 265 the project, and the contract between the parties does not  
 266 contain a provision relating to rescission of such contract, the  
 267 contractor must return the deposit within 30 days after  
 268 cancellation. The contractor may retain any portion of the  
 269 deposit which has been spent on the project before the  
 270 cancellation request, provided that a detailed statement of such  
 271 expenditures is given to the consumer.

272 (b) Failure by the contractor to return the balance of  
 273 unused funds or to provide a statement of expenditures within  
 274 the specified period will subject the contractor to disciplinary  
 275 action, including such action described in s. 489.129(1).

276 Section 5. Present subsections (3) through (6) of section  
 277 489.127, Florida Statutes, are redesignated as subsections (4)  
 278 through (7), respectively, and a new subsection (3) is added to  
 279 that section, and subsection (1) of that section is republished  
 280 to read:

281 489.127 Prohibitions; penalties.-

282 (1) No person shall:

283 (a) Falsely hold himself or herself or a business  
 284 organization out as a licensee, certificateholder, or  
 285 registrant;

286 (b) Falsely impersonate a certificateholder or registrant;

287 (c) Present as his or her own the certificate or  
 288 registration of another;

289 (d) Knowingly give false or forged evidence to the board or  
 290 a member thereof;

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291 (e) Use or attempt to use a certificate or registration  
 292 that has been suspended or revoked;

293 (f) Engage in the business or act in the capacity of a  
 294 contractor or advertise himself or herself or a business  
 295 organization as available to engage in the business or act in  
 296 the capacity of a contractor without being duly registered or  
 297 certified;

298 (g) Operate a business organization engaged in contracting  
 299 after 60 days following the termination of its only qualifying  
 300 agent without designating another primary qualifying agent,  
 301 except as provided in ss. 489.119 and 489.1195;

302 (h) Commence or perform work for which a building permit is  
 303 required pursuant to part IV of chapter 553 without such  
 304 building permit being in effect; or

305 (i) Willfully or deliberately disregard or violate any  
 306 municipal or county ordinance relating to uncertified or  
 307 unregistered contractors.

308

309 For purposes of this subsection, a person or business  
 310 organization operating on an inactive or suspended certificate  
 311 or registration is not duly certified or registered and is  
 312 considered unlicensed. A business tax receipt issued under the  
 313 authority of chapter 205 is not a license for purposes of this  
 314 part.

315 (3) A person who violates paragraphs (1) (a), (b), or (c)  
 316 and takes money from a consumer who reasonably relied on such  
 317 falsification commits:

318 (a) A felony of the third degree, punishable as provided in  
 319 s. 775.082, s. 775.083, or s. 775.084, if the total money

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320 exchanged is more than \$1,000 but less than \$20,000.

321 (b) A felony of the second degree, punishable as provided  
 322 in s. 775.082, s. 775.083, or s. 775.084, if the total money  
 323 exchanged is \$20,000 or more but less than \$200,000.

324 (c) A felony of the first degree, punishable as provided in  
 325 s. 775.082, s. 775.083, or s. 775.084, if the total money  
 326 exchanged is \$200,000 or more.

327 (d) A felony of the third degree, punishable as provided in  
 328 s. 775.082 or s. 775.083, if such person is unlicensed and  
 329 commits the violation during a state of emergency declared by  
 330 executive order of the Governor.

331 Section 6. Subsection (13) is added to section 489.129,  
 332 Florida Statutes, to read:

333 489.129 Disciplinary proceedings.—

334 (13) The local construction regulation board shall submit a  
 335 standardized disciplinary form pursuant to s. 489.1205 for any  
 336 disciplinary action taken against any certificateholder or  
 337 registrant, including, but not limited to, placement on  
 338 probation or reprimand of the licensee; revocation, suspension,  
 339 or denial of issuance or renewal of the certificate or  
 340 registration; an order of payment of financial restitution to a  
 341 consumer for financial harm directly related to a violation of a  
 342 provision of this part; imposition of an administrative fine; an  
 343 order to take continuing education courses; or assessment of  
 344 costs associated with investigation and prosecution.

345 Section 7. Paragraph (f) of subsection (5) of section  
 346 489.119, Florida Statutes, is amended to read:

347 489.119 Business organizations; qualifying agents.—

348 (5)

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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349 (f) In addition to any other penalty prescribed by law, a  
 350 local government may impose a civil fine pursuant to s.  
 351 489.127(6) ~~s. 489.127(5)~~ against a person who is not certified  
 352 or registered under this part if the person:

353 1. Claims to be licensed in any offer of services, business  
 354 proposal, bid, contract, or advertisement, but does not possess  
 355 a valid competency-based license issued by a local government in  
 356 this state to perform the specified construction services; or

357 2. Claims to be insured in any offer of services, business  
 358 proposal, bid, contract, or advertisement, but whose performance  
 359 of the subject work is not covered by a general liability or  
 360 workers' compensation insurance policy.

361 Section 8. Paragraph (c) of subsection (6) of section  
 362 489.131, Florida Statutes, is amended to read:

363 489.131 Applicability.—

364 (6)

365 (c) Each local board or agency that licenses contractors  
 366 must transmit quarterly to the board a report of any  
 367 disciplinary action taken against contractors and of any  
 368 administrative or disciplinary action taken against unlicensed  
 369 persons for engaging in the business or acting in the capacity  
 370 of a contractor including any cease and desist orders issued  
 371 pursuant to s. 489.113(2)(b) and any fine issued pursuant to s.  
 372 489.127(6) ~~s. 489.127(5)~~.

373 Section 9. For the purpose of incorporating the amendment  
 374 made by this act to section 489.111, Florida Statutes, in a  
 375 reference thereto, paragraph (b) of subsection (1) of section  
 376 489.1131, Florida Statutes, is reenacted to read:

377 489.1131 Credit for relevant military training and

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378 education.—

379 (1) The department shall provide a method by which  
 380 honorably discharged veterans may apply for licensure. The  
 381 method must include a veteran-specific application and provide:

382 (b) Acceptance of up to 3 years of active duty service in  
 383 the United States Armed Forces, regardless of duty or training,  
 384 to meet the experience requirements of s. 489.111(2)(c). At  
 385 least 1 additional year of active experience as a foreman in the  
 386 trade, either civilian or military, is required to fulfill the  
 387 experience requirement of s. 489.111(2)(c).

388

389 The board may adopt rules pursuant to ss. 120.536(1) and 120.54  
 390 to implement this subsection.

391 Section 10. For the purpose of incorporating the amendment  
 392 made by this act to section 489.115, Florida Statutes, in a  
 393 reference thereto, paragraph (a) of subsection (4) of section  
 394 489.517, Florida Statutes, is reenacted to read:

395 489.517 Renewal of certificate or registration; continuing  
 396 education.—

397 (4)(a) If a certificateholder or registrant holds a license  
 398 under both this part and part I and is required to have  
 399 continuing education courses under s. 489.115(4)(b)1., the  
 400 certificateholder or registrant may apply those course hours for  
 401 workers' compensation, workplace safety, and business practices  
 402 obtained under part I to the requirements under this part.

403 Section 11. For the purpose of incorporating the amendment  
 404 made by this act to section 489.115, Florida Statutes, in a  
 405 reference thereto, subsection (18) of section 553.79, Florida  
 406 Statutes, is reenacted to read:

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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407 553.79 Permits; applications; issuance; inspections.-  
408 (18) Certifications by contractors authorized under the  
409 provisions of s. 489.115(4)(b) shall be considered equivalent to  
410 sealed plans and specifications by a person licensed under  
411 chapter 471 or chapter 481 by local enforcement agencies for  
412 plans review for permitting purposes relating to compliance with  
413 the wind resistance provisions of the code or alternate  
414 methodologies approved by the commission for one and two family  
415 dwellings. Local enforcement agencies may rely upon such  
416 certification by contractors that the plans and specifications  
417 submitted conform to the requirements of the code for wind  
418 resistance. Upon good cause shown, local government code  
419 enforcement agencies may accept or reject plans sealed by  
420 persons licensed under chapter 471, chapter 481, or chapter 489.  
421 A truss-placement plan is not required to be signed and sealed  
422 by an engineer or architect unless prepared by an engineer or  
423 architect or specifically required by the Florida Building Code.  
424 Section 12. This act shall take effect July 1, 2025.



The Florida Senate

## Committee Agenda Request

**To:** Senator Jennifer Bradley, Chair  
Committee on Regulated Industries

**Subject:** Committee Agenda Request

**Date:** March 4, 2025

---

I respectfully request that **Senate Bill #1262**, relating to Construction Contracting, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in blue ink that reads "Danny".

---

Senator Danny Burgess  
Florida Senate, District 23

CC: Booter Imhof, Staff Director  
CC: Susan Datres, Committee Administrative Assistant

File signed original with committee office

S-020 (03/2004)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

3/19/25

Meeting Date

1262

Bill Number or Topic

Reg. Ind.

Committee

Amendment Barcode (if applicable)

Name LUCAS PARSONS

Phone 850-591-7754

Address 215 S MARIE ST

Email lparsons@carltonfields.com

Street

TCH FLA 32301

City

State

Zip

Speaking: [X] For [ ] Against [ ] Information OR Waive Speaking: [ ] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[ ] I am appearing without compensation or sponsorship.

[X] I am a registered lobbyist, representing:

[ ] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

FL. HOME BUILDERS ASS'N

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Regulated Industries

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BILL: CS/SB 1304

INTRODUCER: Regulated Industries Committee and Senator Bradley

SUBJECT: Solar Facilities

DATE: March 21, 2025

REVISED: \_\_\_\_\_

|    | ANALYST  | STAFF DIRECTOR | REFERENCE | ACTION |
|----|----------|----------------|-----------|--------|
| 1. | Schrader | Imhof          | RI        | Fav/CS |
| 2. |          |                | CA        |        |
| 3. |          |                | FP        |        |

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

SB 1304 makes changes to Florida’s solar energy generating facility law by:

- Repealing current law providing that solar facilities are a permitted use in all agricultural land use categories in a local government comprehensive plan and all agricultural zoning districts within an unincorporated area;
- Authorizing counties to adopt ordinances requiring decommissioning of solar facilities at the end of such facilities’ end of useful life; and
- Authorizing counties to require financial assurance for such decommissioning.

The bill has an effective date of July 1, 2025.

**II. Present Situation:**

**Local Government Authority**

The Florida Constitution grants local governments broad home rule authority. Specifically, non-charter county governments may exercise those powers of self-government that are provided by general or special law.<sup>1</sup> Those counties operating under a county charter have all powers of local self-government not inconsistent with general law or special law approved by the vote of the

---

<sup>1</sup> FLA. CONST. art. VIII, s. 1(f).

electors.<sup>2</sup> Likewise, municipalities have those governmental, corporate, and proprietary powers that enable them to conduct municipal government, perform their functions and provide services, and exercise any power for municipal purposes, except as otherwise provided by law.<sup>3</sup>

## Renewable Energy

Section 366.91, F.S., establishes a number of renewable policies for the state. The purpose of these policies, as established in statute, states that it is in the public interest to promote the development of renewable energy resources in this state.<sup>4</sup> Further, the statute is intended to encourage fuel diversification to meet Florida's growing dependency on natural gas for electric production, minimize the volatility of fuel costs, encourage investment within the state, improve environmental conditions, and make Florida a leader in new and innovative technologies.<sup>5</sup>

The section defines "renewable energy" to mean:

[E]lectrical energy produced from a method that uses one or more of the following fuels or energy sources: hydrogen produced or resulting from sources other than fossil fuels, biomass, solar energy, geothermal energy, wind energy, ocean energy, and hydroelectric power. The term includes the alternative energy resource, waste heat, from sulfuric acid manufacturing operations and electrical energy produced using pipeline-quality synthetic gas produced from waste petroleum coke with carbon capture and sequestration.<sup>6</sup>

## Solar Energy

Solar energy is a form of renewable energy by which power is produced from the sun. The sun emits solar radiation in the form of light. Solar energy technologies capture this emitted radiation and convert it into energy.<sup>7</sup> The two main types of solar energy technologies are:

- Photovoltaics (PV), which is the technology that is familiar to most people. PV is used in solar panels. When sunlight (i.e. radiation) hits a solar panel, the energy from that sunlight is absorbed by the PV cells in the panel. This absorbed energy creates electrical charges which move in response to an electrical field internal to the PV cell. These charges then allow electricity to flow from the panel.<sup>8</sup> Solar panels can be used in small scale (such as home rooftop solar) up to large utility-scale operations; and
- Concentrating solar-thermal power (CSP), which uses a system of mirrors to reflect and concentrate sunlight onto a receiver. This concentrated sunlight heats a high temperature fluid in the receiver to create thermal energy. This thermal energy can be used to spin a turbine (similar to how any coal or gas-fired power plant would work) or power an engine to create energy. The heat can also be used in industrial applications such as water desalination,

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<sup>2</sup> FLA. CONST. art. VIII, s. 1(g).

<sup>3</sup> FLA. CONST. art. VIII, s. 2(b). *See also* s. 166.021(1), F.S.

<sup>4</sup> Section 366.91(1), F.S.

<sup>5</sup> *Id.*

<sup>6</sup> Section 366.91(2)(e), F.S.

<sup>7</sup> United States Office of Energy Efficiency and Reliability, *Solar Energy*, <https://www.energy.gov/topics/solar-energy> (last visited Mar. 13, 2025).

<sup>8</sup> United States Department of Energy, *How Does Solar Work*, <https://www.energy.gov/eere/solar/how-does-solar-work> (last visited Mar 13, 2025).

enhanced oil recovery, food processing, chemical production, and mineral processing. CSP-based systems are generally used for utility scale operations. However, some single receptor and engine systems can be as small as 5 to 25 kilowatts and be used for distributed power applications.<sup>9</sup>

### Florida Energy Consumption and Generation

Florida is the third-largest energy consuming state; however, it uses less energy per capita than all but six other states. Florida is also the second-largest producer of electricity in the nation (behind Texas). Natural gas is, by far, the largest energy source in Florida, and has been since 2003 when it surpassed coal.<sup>10</sup> As of 2023, the energy sources, as a percentage of all energy sources in Florida, are as follows:

- Natural gas: 72.78 percent
- Nuclear: 11.19 percent
- Coal: 5.24 percent
- Renewables: 6.83 percent
- Other: 1.62 percent
- Firm Inter-Region Interchange: 1.92 percent
- Distillate (i.e. fuel oil/diesel fuel): 0.11 percent
- Residual: 0.00 percent
- Non-utility generators: less than 0.32 percent<sup>11</sup>

Approximately three-fourths of Florida's renewables generation is from solar. Of that solar generation, approximately four-fifths are from utility-scale operations. As of December 2024, Florida is the 3<sup>rd</sup> largest generator of solar energy in the United States (behind California and Texas).<sup>12</sup> Florida generates solar energy from both PV and CSP technologies—and Florida is one of only four states that has utility-scale CSP generation.<sup>13</sup>

The Florida Reliability Coordinating Council expects a nearly six-fold increase in solar as a percentage of Florida's total energy production (increasing from nearly 5.28 percent in 2023 to 30.33 percent in 2033).<sup>14</sup>

<sup>9</sup> United States Department of Energy, *Concentrating Solar-Thermal Power Basics*, <https://www.energy.gov/eere/solar/concentrating-solar-thermal-power-basics>.

<sup>10</sup> United States Energy Information Administration, *Florida Profile Analysis*, Feb. 15, 2024, <https://www.eia.gov/state/analysis.php?sid=FL#:~:text=Solar%20energy%20and%20biomass%20provide,generation%20> (last visited Mar. 14, 2025).

<sup>11</sup> Florida Reliability Coordinating Council, *2023 Regional Load & Resource Plan FRCC-MS-PL-586 Version: 1*, s-18, Jun. 4, 2024 (available at: [https://www.floridapsc.com/pscfiles/website-files/PDF/Utilities/Electricgas/TenYearSitePlans/2024/FRCC\\_RLRP.pdf](https://www.floridapsc.com/pscfiles/website-files/PDF/Utilities/Electricgas/TenYearSitePlans/2024/FRCC_RLRP.pdf)).

<sup>12</sup> United States Energy Information Administration, *Electricity Data Browser*, <https://www.eia.gov/electricity/data/browser/#/topic/0?agg=1,2,0&fuel=004&geo=00fvvvvvvvvv&sec=g&linechart=ELEC.GEN.SUN-CT-99.M&columnchart=ELEC.GEN.SUN-CT-99.M&map=ELEC.GEN.SUN-CT-99.M&freq=M&start=202411&end=202412&ctype=linechart&ltype=pin&rtype=s&maptype=0&rse=0&pin=> (last visited Mar. 14, 2025).

<sup>13</sup> United States Energy Information Administration, *Florida Profile Analysis*, *supra* note 10.

<sup>14</sup> Florida Reliability Coordinating Council, *supra* note 11.

## Solar Facility Development in Agricultural Areas

A utility-scale solar generation system requires larger quantities of land per unit of power produced than traditional power plants.<sup>15</sup> Solar generation facilities require “at least [ten] times as much land per unit of power produced than coal or natural gas-fired power plants.”<sup>16</sup> Solar facilities are generally located where resource availability (i.e. suitably large-enough land at reasonable prices) is highest, instead of where it is most convenient for people and infrastructure. As a result, these projects tend to end up in less industrially-developed areas—such as agricultural areas. Siting such facilities can be challenging and the facilities are sometimes viewed as unpopular by those who do not want these large projects near their homes.<sup>17</sup>

There has been, especially over the last several years, growing concern and sentiment against widespread development of solar facilities in agricultural areas. These concerns include:

- Aesthetic impacts.<sup>18</sup> Some are concerned that the solar facilities negatively impact the visual character of agricultural areas and negatively impact historical, eco, and agricultural tourism. This may have long-term impacts on the character of rural and agriculture areas and property values.<sup>19</sup>
- Impact on the agricultural industry by reducing the “prime” areas available for agricultural production.<sup>20</sup> This could have a negative impact on agricultural supply chain resiliency<sup>21</sup> and increase prices or competition for agricultural land.<sup>22</sup>
- Impacts on local agricultural-related industry.<sup>23</sup>
- Environmental impacts such as runoff of water and topsoil, erosion, flood control, damage from materials used in solar power facilities, dust, noise and light pollution, and loss of wildlife habitat.<sup>24</sup>

<sup>15</sup> Samantha Gross, *Renewables, land use, and local opposition in the United States*, Jan. 2020, (available at: <https://www.brookings.edu/research/renewables-land-use-and-local-opposition-in-the-united-states/>).

<sup>16</sup> *Id.*

<sup>17</sup> *Id.*

<sup>18</sup> Nichola Groom, REUTERS, *U.S. solar expansion stalled by rural land-use protests*, Apr. 7, 2022 (available at <https://www.reuters.com/world/us/us-solar-expansion-stalled-by-rural-land-use-protests-2022-04-07/#:~:text=As%20solar%20developers%20propose%20new,farm%20culture%2C%20or%20wildlife%20habitat>).

<sup>19</sup> *Id* and Inhwan Ko, *Rural opposition to landscape change from solar energy: Explaining the diffusion of setback restrictions on solar farms across South Korean counties*, ENERGY RESEARCH & SOCIAL SCIENCE, Volume 99, 2023, 103073 (available at <https://www.sciencedirect.com/science/article/pii/S2214629623001330>).

<sup>20</sup> Zachary A. Goldberg, *Solar energy development on farmland: Three prevalent perspectives of conflict, synergy and compromise in the United States*, ENERGY RESEARCH & SOCIAL SCIENCE, Vol. 101, pg. 4, 2023 (available at <https://www.sciencedirect.com/science/article/pii/S2214629623002050>).

<sup>21</sup> *Id* and Fred Pearce, ‘Green Grab’: Solar and Wind Boom Sparks Conflicts on Land Use, YALE ENVIRONMENT 360, Feb. 20, 2025 (available at <https://e360.yale.edu/features/solar-land-grabs-agrovoltaics>).

<sup>22</sup> Tom Daniels and Hannah Wagner, KLEINMAN CENTER FOR ENERGY POLICY, *Regulating Utility-Scale Solar Projects on Agricultural Land*, Aug. 11, 2022 (available at <https://kleinmanenergy.upenn.edu/research/publications/regulating-utility-scale-solar-projects-on-agricultural-land/#:~:text=Some%20people%2C%20however%2C%20oppose%20using,agricultural%20production%20will%20likely%20increase>).

<sup>23</sup> *Id.*

<sup>24</sup> Programmatic Environmental Impact Statement for Solar Energy Development in Six Southwestern States, Solar Energy Development Environmental Considerations, 2012 (available at <https://solareis.anl.gov/guide/environment/>) and, Julia Simon, *In some fights over solar, it's environmentalist vs. environmentalist*, NATIONAL PUBLIC RADIO, Jun. 18, 2023.

- Perception that rural areas bear greater burden, without benefit, to provide power for far-away more densely populated urban and suburban areas.<sup>25</sup>
- The complexity and cost of connecting potentially far-flung agricultural areas producing power to power-consuming urban and suburban areas. Extensive rural solar development requires significant upgrades to transmission infrastructure (which can be a very time-consuming process) and construction of new transmission lines can cause costly disruptions to agricultural operations.<sup>26</sup>
- Future decommissioning procedures, responsibilities, and costs.<sup>27</sup>

### **Development of Solar Facilities in Agricultural Areas in Florida**

In 2021 the Florida Legislature passed SB 896 (ch. 2021-178, Laws of Florida). The bill, in part, specified that solar facilities are a permitted use in all agricultural land use categories in a local government comprehensive plan and all agricultural zoning districts within an unincorporated area.<sup>28</sup> It required such facilities to comply with the setback and landscaped buffer area criteria for other similar uses in the agricultural district.<sup>29</sup> It also authorized counties to adopt ordinances specifying buffer and landscaping requirements for such facilities if the requirements do not exceed those for similar uses involving the construction of other facilities that are permitted uses in agricultural land use categories and zoning districts.<sup>30</sup> The intended effect of this legislation was to increase solar development in Florida “in various locations throughout this state in order to ensure the availability of renewable energy production, which is critical to this state’s energy and economic future.”<sup>31</sup>

### **State Solar Decommissioning Requirements**

Solar panels are generally designed to have a lifespan of approximately 25 to 35 years.<sup>32</sup> Solar panels will not fail, per se, after this time, however its energy generation will likely be significantly less than the manufacturer intended after the end of that “lifespan.” Most solar panels have a yearly degradation in power production of approximately 0.5 percent;<sup>33</sup> thus, over the course of 25 to 35 years, the power production of a panel could be expected to drop to approximately 87.5 percent to 82.5 percent of its original generating capacity.

Most of the solar PV systems in the world are young—according to the United States Department of Energy, approximately 70 percent of solar systems in existence have been

<sup>25</sup> Krishna Ramanujan, Lack of local benefits fuels upstate opposition to solar farms, *Cornell Chronicle*, May 3, 2023 (available at <https://news.cornell.edu/stories/2023/05/lack-local-benefits-fuels-upstate-opposition-solar-farms>).

<sup>26</sup> Betty Resnick and Arica Hamilton, *Solar Energy Expansion and its Impacts on Rural Communities*, AMERICAN FARM BUREAU FEDERATION, Aug. 8, 2024 (available at <https://www.fb.org/market-intel/solar-energy-expansion-and-its-impacts-on-rural-communities>).

<sup>27</sup> *Id.*

<sup>28</sup> Section 163.3205(3), F.S.

<sup>29</sup> *Id.*

<sup>30</sup> Section 163.3205(4), F.S.

<sup>31</sup> Section 163.3205(1), F.S.

<sup>32</sup> Berkeley Lab: Energy Markets and Policy, *New study finds increase in expected useful life and decrease in operating expenses over time for utility-scale PV*, <https://emp.lbl.gov/news/new-study-finds-increase-expected>, Jun. 2, 2020.

<sup>33</sup> U.S. Light Energy, *How Long Do Solar Farms Last?*, <https://uslightenergy.com/how-long-do-solar-farms-last/#:~:text=What%20is%20the%20Typical%20Life,while%20reducing%20the%20degradation%20rate>, Nov. 17, 2023.

installed since 2017. Thus, while some solar equipment has entered the waste stream, significantly more systems will be reaching their end-of-life stage in the next few decades.<sup>34</sup>

At the end of the useful life of a solar facility, operators generally have three choices:

- Refurbishing the plant by correcting any deficiencies;
- Repowering the plant with new PV modules and inverters; or
- Decommissioning the plant and removing all the hardware from the site.<sup>35</sup>

Abandoning in place is also a potential option, however, this is often unacceptable to landholders and, increasingly, regulators.<sup>36</sup>

Solar decommissioning is the process of deconstructing and removing facilities used for the generation of solar energy after a facility has reached the end of its useful life. Decommissioning generally involves the removal of a facility itself, along with ancillary equipment and related structures (such as solar panels, racking systems, posts, electric wiring, fencing, inverters and transformers, and access roads) from a site used for solar energy generation and returning the site to its state before being used for such generation.<sup>37</sup>

Presently, there is no consistent standard for solar facility decommissioning in the United States—as relatively few solar projects have reached end-of-life.<sup>38</sup> However, 33 states now have some type of solar decommissioning policy (Florida does not currently have such a policy).<sup>39</sup> This has increased significantly from 2016 when only 9 states had some sort of solar decommissioning policy.<sup>40</sup>

The North Carolina Clean Energy Technology Center (NCCETC) has identified 5 types of solar decommissioning statewide policy models:

- Local Option Only: States with no statewide policy, giving local governments the sole jurisdiction to implement solar decommissioning rules.
- Local Option w/State Model Template: States in which there is no statewide policy, giving local governments the sole jurisdiction to implement solar decommissioning rules, but are provided with a model template for requirements by the state government that localities can use.

<sup>34</sup> United States Department of Energy, *End-of-Life Management for Solar Photovoltaics*, <https://www.energy.gov/eere/solar/end-life-management-solar-photovoltaics#:~:text=Read%20about%20SETO's%20PV%20End%2Dof%2DLife%20Action%20Plan%20.&text=Most%20PV%20systems%20are%20young,may%20produce%20power%20much%20longer> (last visited Mar. 14, 2025).

<sup>35</sup> Taylor Curtis, et al., *Best Practices at the End of the Photovoltaic System Performance Period*, NATIONAL RENEWABLE ENERGY LABORATORY, pg. 1, Feb 2021 (available at <https://www.nrel.gov/docs/fy21osti/78678.pdf>).

<sup>36</sup> *Id.*

<sup>37</sup> North Carolina Clean Energy Technology Center, *The 50 States of Solar Decommissioning: 2024 Snapshot*, pg. 4, January 2025 (available at <https://nccleantech.ncsu.edu/wp-content/uploads/2025/01/50-States-of-Solar-Decommissioning-2024-Snapshot.pdf>).

<sup>38</sup> *Id.*

<sup>39</sup> *Id.*

<sup>40</sup> Emily Apadula, *The State of Solar Decommissioning Policy: Then and Now*, NORTH CAROLINA CLEAN ENERGY TECHNOLOGY CENTER, Oct. 29, 2023. <https://www.dsireinsight.com/blog/2023/10/27/the-state-of-solar-decommissioning-policy-then-and-now>.

- Statewide/Local Hybrid: States with a statewide decommissioning statute or rule that may give local governments the option to impose stricter requirements.
- Statewide: States in which statewide decommissioning statutes or rules are required.
- Statewide Optional: States with decommissioning statutes or rules that can be administered in lieu of local regulations.<sup>41</sup>

As of January 2025, the NCCETC has identified 20 states as having a statewide policy, 11 states having a statewide/local hybrid policy, 1 state having a statewide optional policy, and 1 state having an official model template that local governments may adopt.<sup>42</sup>

### III. Effect of Proposed Changes:

**Section 1** of the bill amends s. 163.3205, F.S., to revise the legislative intent for that section. It removes a statement that, in part, provides that the intent of the section is to encourage renewable solar electrical generation throughout the state in various locations. It adds a statement that it is the intent of the legislature that agricultural land used for a solar facility be returned to its original state and be viable for agricultural use at the end of the life of the solar facility.

The bill also creates a definition for “agricultural land” to mean:

- An area categorized as agricultural land in a local government comprehensive plan. Such categorization includes any agricultural land use category; or
- An agricultural zoning district within an unincorporated area.

It creates a definition for “decommissioned” to mean the removal of a solar facility and return of agricultural land that was used for such solar facility to an agriculturally useful condition similar to that which existed before construction of the solar facility. This would include the removal of above-surface facilities and infrastructure that do not serve a continuing purpose.

The bill requires that for any solar facility<sup>43</sup> over 2 megawatts in gross capacity—as defined in the Florida Electrical Power Plant Siting Act (ss. 403.501 through 403.518, F.S.)<sup>44</sup>—that is constructed on agricultural land, counties may adopt an ordinance requiring that such solar facilities be properly decommissioned upon such facilities reaching the end of their useful life. The bill provides that a county may presume a facility has reached the end of its useful life if:

- The solar facility fails to produce power for a period of 12 months after construction of the solar facility has been completed. This 12-month period does not include a period in which

<sup>41</sup> North Carolina Clean Energy Technology Center, *The 50 States of Solar Decommissioning: 2024 Snapshot*, *supra* note 37 at 6.

<sup>42</sup> *Id.* at 11.

<sup>43</sup> Section 163.3205, F.S., defines “solar facility” to mean a production facility for electric power which: (a) uses photovoltaic modules to convert solar energy to electricity that may be stored on site, delivered to a transmission system, and consumed primarily offsite; (b) consists principally of photovoltaic modules, a mounting or racking system, power inverters, transformers, collection systems, battery systems, fire suppression equipment, and associated components, and (c) may include accessory administration or maintenance buildings, electric transmission lines, substations, energy storage equipment, and related accessory uses and structures.

<sup>44</sup> See s. 403.503(17), F.S., which defines “gross capacity” as, for a steam facility, the maximum generating capacity based on nameplate generator rating, and for a solar electrical generating facility, the capacity measured as alternating current which is independently metered prior to the point of interconnection to the transmission grid.

the solar facility does not produce power due to a disaster or other event beyond the control of the facility owner; or

- The solar facility has been abandoned. A solar facility is considered abandoned if:
  - After commencement of the solar facility's construction but before completion, no significant construction of the facility occurs for a period of 24 months; or
  - After becoming nonoperational due to a disaster or other event beyond the control of the facility owner, no significant reconstruction of the solar facility occurs for a period of 12 months.

These presumptions may be rebutted if the owner of the facility can provide the county with a plan, schedule, and adequate assurances for the continuing construction or operation of the solar facility.

Counties, under the bill, may also require financial assurance for the decommissioning of a solar facility in the form of a bond, an irrevocable letter of credit established pursuant to ch. 675, F.S., a guarantee by the solar facility owner's parent company, or another financial device deemed adequate by the county to cover the estimated cost of decommissioning the solar facility. The solar facility owner must provide the information necessary for the county to establish the estimated cost of such decommissioning. Counties may require an update of this cost estimate and assurance no less than every five years.

If a solar facility owner does not complete the decommissioning as required by county ordinance, counties may take action to complete the decommissioning (this would include taking action to require forfeiture of the financial assurance). Counties, however, must allow owners at least 12 months to commence decommissioning and 24 months to complete decommissioning before taking such a forfeiture action.

In addition to the decommissioning provisions, the bill also deletes the current law providing that solar facilities are a permitted use in all agricultural land use categories in a local government comprehensive plan and all agricultural zoning districts within an unincorporated area.

**Section 2** amends s. 163.3208, F.S., to make a conforming amendment to delete a provision exempting solar facility substations from the electric substations for which local governments may adopt and enforce certain land development regulations.

**Section 3** provides an effective date of July 1, 2025, for the bill.

#### **IV. Constitutional Issues:**

##### **A. Municipality/County Mandates Restrictions:**

None.

##### **B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

**D. State Tax or Fee Increases:**

None.

**E. Other Constitutional Issues:**

None.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

The bill will have an indeterminate financial impact on the cost of opening new solar facilities in the state, in part, depending on the number of local jurisdictions that put into place decommissioning requirements as authorized under the bill. It also may increase local regulatory approval costs for persons wishing to construct new solar facilities on agricultural land.

**C. Government Sector Impact:**

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 163.3205 and 163.3208

**IX. Additional Information:**

- A. **Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Regulated Industries on March 19, 2025:**

The committee substitute makes a technical change to the bill clarifying that the solar facility capacity contemplated to be regulated under the bill is the “gross capacity” definition provided in the Florida Electrical Power Plant Siting Act (ss. 403.501 through 403.518, F.S.).

- B. **Amendments:**

None.

---

This Senate Bill Analysis does not reflect the intent or official position of the bill’s introducer or the Florida Senate.

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450692

LEGISLATIVE ACTION

| Senate     | . | House |
|------------|---|-------|
| Comm: RCS  | . |       |
| 03/19/2025 | . |       |
|            | . |       |
|            | . |       |
|            | . |       |

---

The Committee on Regulated Industries (Bradley) recommended the following:

**Senate Amendment**

Delete line 68

and insert:

(3) For a solar facility over 2 megawatts in gross capacity as defined in s. 403.503 which is

By Senator Bradley

6-01411B-25

20251304\_\_

1 A bill to be entitled  
 2 An act relating to solar facilities; amending s.  
 3 163.3205, F.S.; revising legislative intent; defining  
 4 the terms "agricultural land" and "decommissioned";  
 5 authorizing a county to adopt an ordinance requiring  
 6 that certain solar facilities be properly  
 7 decommissioned under certain circumstances;  
 8 authorizing a county to presume that a solar facility  
 9 has reached the end of its useful life under certain  
 10 circumstances; authorizing a solar facility owner to  
 11 rebut the presumption in a certain manner; authorizing  
 12 a county to require certain financial assurance and  
 13 certain updates from a solar facility owner;  
 14 authorizing a county to take action to complete the  
 15 decommissioning of a solar facility under certain  
 16 circumstances; deleting a provision providing that a  
 17 solar facility is a permitted use in certain land use  
 18 categories and zoning districts subject to compliance  
 19 certain requirements; deleting a provision authorizing  
 20 a county to adopt an ordinance specifying certain  
 21 requirements for solar facilities; revising  
 22 applicability; amending s. 163.3208, F.S.; deleting a  
 23 provision exempting solar facility substations from  
 24 the electric substations for which local governments  
 25 may adopt and enforce certain land development  
 26 regulations; providing an effective date.

27  
 28 Be It Enacted by the Legislature of the State of Florida:  
 29

Page 1 of 5

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

6-01411B-25

20251304\_\_

30 Section 1. Section 163.3205, Florida Statutes, is amended  
 31 to read:  
 32 163.3205 Solar facility approval process and  
 33 decommissioning requirements.-  
 34 (1) It is the intent of the Legislature that agricultural  
 35 land used for a solar facility be returned to its original state  
 36 and be viable for agricultural use at the end of the life of the  
 37 solar facility to encourage renewable solar electrical  
 38 generation throughout this state. It is essential that solar  
 39 facilities and associated electric infrastructure be constructed  
 40 and maintained in various locations throughout this state in  
 41 order to ensure the availability of renewable energy production,  
 42 which is critical to this state's energy and economic future.  
 43 (2) As used in this section, the term:  
 44 (a) "Agricultural land" means land within:  
 45 1. An area categorized as agricultural land in a local  
 46 government comprehensive plan. Such categorization includes any  
 47 agricultural land use category; or  
 48 2. An agricultural zoning district within an unincorporated  
 49 area.  
 50 (b) "Decommissioned" means the removal of a solar facility  
 51 and return of agricultural land that was used for such solar  
 52 facility to an agriculturally useful condition similar to that  
 53 which existed before construction of the solar facility,  
 54 including the removal of above-surface facilities and  
 55 infrastructure that do not serve a continuing purpose.  
 56 (c) "Solar facility" means a production facility for  
 57 electric power which:  
 58 1. ~~(a)~~ Uses photovoltaic modules to convert solar energy to

Page 2 of 5

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

6-01411B-25 20251304\_\_

59 electricity that may be stored on site, delivered to a  
60 transmission system, and consumed primarily offsite.

61 ~~2.(b)~~ Consists principally of photovoltaic modules, a  
62 mounting or racking system, power inverters, transformers,  
63 collection systems, battery systems, fire suppression equipment,  
64 and associated components.

65 ~~3.(e)~~ May include accessory administration or maintenance  
66 buildings, electric transmission lines, substations, energy  
67 storage equipment, and related accessory uses and structures.

68 (3) For a solar facility over 2 megawatts which is  
69 constructed on agricultural land, a county may adopt an  
70 ordinance requiring that the solar facility be properly  
71 decommissioned upon the facility reaching the end of its useful  
72 life.

73 (a) A county may presume that a solar facility has reached  
74 the end of its useful life if:

75 1. The solar facility fails to produce power for a period  
76 of 12 months after construction of the solar facility has been  
77 completed. This 12-month period does not include a period in  
78 which the solar facility does not produce power due to a  
79 disaster or other event beyond the control of the facility  
80 owner; or

81 2. The solar facility has been abandoned. A solar facility  
82 is considered abandoned if:

83 a. After commencement of the solar facility's construction  
84 but before completion, no significant construction of the  
85 facility occurs for a period of 24 months; or

86 b. After becoming nonoperational due to a disaster or other  
87 event beyond the control of the facility owner, no significant

6-01411B-25 20251304\_\_

88 reconstruction of the solar facility occurs for a period of 12  
89 months.

90 (b) The presumptions provided under paragraph (a) may be  
91 rebutted by the solar facility owner providing the county with a  
92 plan, schedule, and adequate assurances for the continuing  
93 construction or operation of the solar facility.

94 (c) Counties may require financial assurance from a solar  
95 facility owner in the form of a bond, an irrevocable letter of  
96 credit established pursuant to chapter 675, a guarantee by the  
97 solar facility owner's parent company, or another financial  
98 device deemed adequate by the county to cover the estimated cost  
99 of decommissioning the solar facility. The solar facility owner  
100 must provide the information necessary for the county to  
101 establish the estimated cost of such decommissioning.

102 (d) Counties may require a solar facility owner to provide  
103 updates no less than every 5 years on the estimated cost of  
104 decommissioning and financial assurance provided under paragraph  
105 (c). Any financial assurance provided under paragraph (c) may be  
106 adjusted in accordance with the updates to such estimated cost.

107 (e) If a facility owner does not complete decommissioning  
108 as required by county ordinance, the county may take action to  
109 complete the decommissioning, including action to require  
110 forfeiture of the financial assurance provided under paragraph  
111 (c). A county shall allow a solar facility owner at least 12  
112 months to commence decommissioning and 24 months to complete  
113 decommissioning before taking such action ~~A solar facility shall~~  
114 ~~be a permitted use in all agricultural land use categories in a~~  
115 ~~local government comprehensive plan and all agricultural zoning~~  
116 ~~districts within an unincorporated area and must comply with the~~

6-01411B-25

20251304

117 ~~setback and landscaped buffer area criteria for other similar~~  
118 ~~uses in the agricultural district.~~

119 ~~(4) A county may adopt an ordinance specifying buffer and~~  
120 ~~landscaping requirements for solar facilities. Such requirements~~  
121 ~~may not exceed the requirements for similar uses involving the~~  
122 ~~construction of other facilities that are permitted uses in~~  
123 ~~agricultural land use categories and zoning districts.~~

124 ~~(4)(5)~~ This section does not apply to any site that was the  
125 subject of an application to construct a solar facility  
126 submitted to a local governmental entity before July 1, 2025  
127 2021.

128 Section 2. Subsection (3) of section 163.3208, Florida  
129 Statutes, is amended to read:

130 163.3208 Substation approval process.-

131 (3) Electric substations are a critical component of  
132 electric transmission and distribution. ~~Except for substations~~  
133 ~~in s. 163.3205(2)(e)~~, Local governments may adopt and enforce  
134 reasonable land development regulations for new and existing  
135 electric substations, addressing only setback, landscaping,  
136 buffering, screening, lighting, and other aesthetic  
137 compatibility-based standards. Vegetated buffers or screening  
138 beneath aerial access points to the substation equipment may  
139 ~~shall~~ not be required to have a mature height in excess of 14  
140 feet.

141 Section 3. This act shall take effect July 1, 2025.

The Florida Senate

APPEARANCE RECORD

1304

3/19/2025

Meeting Date

Bill Number or Topic

COMMISSIONER

Deliver both copies of this form to Senate professional staff conducting the meeting

Committee

Amendment Barcode (if applicable)

Name Rocky Ford

Phone 386-623-3396

Address 494 SW Dortch Street

Email rford@columbiafla.com

Street

Ft White

FL

32038

City

State

Zip

Speaking:  For  Against  Information OR Waive Speaking:  In Support  Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

\* Columbia County

The Florida Senate

APPEARANCE RECORD

SB 1304

3-19-2025

Meeting Date

Bill Number or Topic

Regulated Industries

Committee

Deliver both copies of this form to Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Elton A. Langford

Phone 941-628-0659

Address 4826 SE Apache Dr.

Email

Street

Arcadia

City

Fl.

State

34266

Zip

Speaking: [X] For [ ] Against [ ] Information OR Waive Speaking: [ ] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[X] I am appearing without compensation or sponsorship.

[ ] I am a registered lobbyist, representing:

[ ] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

# APPEARANCE RECORD

SB1304

Bill Number or Topic

3/19/25

Meeting Date

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Senate professional staff conducting the meeting

Regulated Industries

Committee

Amendment Barcode (if applicable)

Name Chereese Stewart

Phone 904-591-0325

Address 6215 Co. Rd. 218

Email cp93ag@aol.com

Street

Clay Hill

City

FLA

State

32234

Zip

Speaking:

For

Against

Information

**OR**

Waive Speaking:

In Support

Against

### PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without compensation or sponsorship.



I am a registered lobbyist, representing:



I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022-Joint-Rules.pdf)

The Florida Senate

APPEARANCE RECORD

SB 1304

3/19/25

Meeting Date

Bill Number or Topic

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Reg Industries

Committee

Amendment Barcode (if applicable)

Name

Betsy Condon - Commissioner, Dist 4

Phone

(352) 672-0828

Address

6980 Crystal Lake Rd

Street

Email

betsy.condon@claycountygov.com

Keystone Heights FL

City

State

32656

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. § 11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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3/19/25

Meeting Date

SB 1304

Bill Number or Topic

Reg Industries

Committee

Amendment Barcode (if applicable)

Name Patrick Bell

Phone 850-544-0784

Address P.O. Box 10242

Email pbell@capital-solutions.com

Street

Tall

City

FL

State

32301

Zip

Speaking:  For  Against  Information OR Waive Speaking:  In Support  Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

LA together Humanitarian Counties

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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3/19/2025 Meeting Date

51304 Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Jerrod Gross

Phone 239-289-7612

Address 201 E oak Street Suite 201 Street

Email J.gross@DesotoBocc.com

Arcadia FL 34266 City State Zip

Speaking: [ ] For [ ] Against [ ] Information OR Waive Speaking: [x] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[x] I am appearing without compensation or sponsorship.

[ ] I am a registered lobbyist, representing:

[ ] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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3/19

Meeting Date

SB 1304

Bill Number or Topic

Reg. Industries

Committee

Amendment Barcode (if applicable)

Name Jared Grigas

Phone (850) 322-0229

Address 100 S Monroe St

Street

Email jgrigas@fl-counties.com

Tallahassee

City

FL

State

32301

Zip

Speaking: [checked] For [ ] Against [ ] Information OR Waive Speaking: [ ] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[ ] I am appearing without compensation or sponsorship.

[checked] I am a registered lobbyist, representing:

FL. Assoc. of Counties

[ ] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

3/19/25

Meeting Date

SB 1304

Bill Number or Topic

Regulated Industries

Committee

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Amendment Barcode (if applicable)

Name Commissioner Darrell Smith

Phone

Address

Email D.Smith@Gilchrist.fl.us

Street

Trehtun

FL

State

32693

Zip

City

Speaking: [X] For [ ] Against [ ] Information OR Waive Speaking: [ ] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[X] I am appearing without compensation or sponsorship.

[ ] I am a registered lobbyist, representing:

[ ] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Regulated Industries

---

BILL: SB 1742

INTRODUCER: Senator Bradley

SUBJECT: Condominium and Cooperative Associations

DATE: March 18, 2025

REVISED: \_\_\_\_\_

|    | ANALYST         | STAFF DIRECTOR | REFERENCE  | ACTION             |
|----|-----------------|----------------|------------|--------------------|
| 1. | <u>Oxamendi</u> | <u>Imhof</u>   | <u>RI</u>  | <u>Pre-meeting</u> |
| 2. | _____           | _____          | <u>AEG</u> | _____              |
| 3. | _____           | _____          | <u>RC</u>  | _____              |

---

**I. Summary:**

SB 1742 relates to the governance of condominium and cooperative associations.

Regarding the delivery of the annual financial statement in condominium associations, the bill provides that the association must deliver to unit owners a notice that a copy of the annual financial report will be provided in the manner requested by the unit owner via the mail, hand delivery, or electronically delivered via Internet.

Relating to the maintenance of reserves by condominium and cooperative associations, the bill:

- Provides requirements and procedures for associations to invest reserve funds.
- For a budget adopted on or before December 31, 2028, allows an association that is required to have a structural integrity reserve study (SIRS) may, with the approval of a majority of the voting interests of the association, secure a line of credit in lieu of maintaining reserves for all or a portion of the required reserves.
- Allows condominium boards to pause reserve funding without unit owner approval when the condominium building is declared uninhabitable by the local building official. Current law requires a vote of the members to pause reserves if the building has been declared uninhabitable.
- For a budget adopted on or before December 31, 2028, allows unit-owner controlled associations to temporarily pause or reduce reserve contributions upon a vote of a majority of the total voting interests in order to fund needed repairs recommended by the milestone inspection. If an association pauses or reduces reserve funding, it must perform a SIRS before continuing reserve contribution in order to determine the association's reserve funding needs and to recommend a reserve funding plan.
- Provides that a board may change the accounting method for reserves to a pooling accounting method or a straight-line accounting method without a vote of the members.

Regarding SIRS requirements for condominium and cooperative associations, the bill:

- Extends the deadline by which for associations must complete a required SIRS from December 31, 2024, to December 31, 2025.
- Requires design professionals, e.g., architects and engineers, and licensed contractors bidding on a SIRS to disclose in writing if they intend to bid on maintenance, repair, or replacement work related to the SIRS. They cannot have a direct or indirect interest in the firm conducting the study or be related to someone with such an interest unless disclosed to the association in writing. Failure to disclose makes the contract voidable and may result in professional discipline.
- Requires that the SIRS, at minimum, include a reserve “baseline” funding plan that ensures that the reserve cash balance stays above zero. It may suggest alternative funding schedules if such schedule meets the association’s maintenance obligations.
- Requires that the SIRS must differentiate between mandatory reserve items and other reserve items.
- Allows associations that have completed a required milestone inspection to delay the SIRS for up to two budget years to prioritize funding for repairs and maintenance as required by the milestone inspection.
- Requires the Division of Condominiums, Timeshares, and Mobile Homes within the Department of Business and Professional Regulation to adopt by rule the form for the SIRS in coordination with the Florida Building Commission.

Regarding presale disclosure for condominium and cooperative associations, the bill:

- Revises the pre-sale notice requirements that sellers of a unit must provide a copy of the most recent year-end-financial statement and annual budget.
- Extends the 3-day rescission period for condominium sales by nondeveloper unit owners to 15 days. The current rescission period for developer sales is 15 days.

Effective January 1, 2026, the bill requires condominium associations with 25 or more units (currently 150 or more units) to include the minutes of all meetings of the association, the board of administration, and the unit owners over the preceding 12 months on the associations website or to be made available for download on an application on a mobile device.

Regarding the creation of condominiums within a portion of a building or within a multiple parcel building, the bill revises the provision in s. 31 of ch. 2024-244, Laws of Florida, which provides that the provisions in that act related to condominiums within a portion of a building or within a multiple parcel building are intended to clarify existing law and shall apply retroactively, to provide that those provisions do not apply retroactively and only apply to condominiums for which declarations were initially recorded on or after July 1, 2025.

The bill takes effect July 1, 2025.

## **II. Present Situation:**

### **Milestone Inspections**

Section 553.899, F.S., requires residential condominium and cooperative buildings that are three stories or more in height, as determined by the Florida Building Code, to have a milestone inspection by December 31 of the year in which the building reaches 30 years of age. However,

if a building reaches 30 years of age before July 1, 2022, the initial milestone inspection must be performed before December 31, 2024. If a building reaches 30 years of age on or after July 1, 2022, and before December 31, 2024, the building's milestone inspection must be performed before December 31, 2025. The local enforcement agency will provide written notice of the required inspection to the association.<sup>1</sup>

Local enforcement agencies that are responsible with enforcing the milestone inspection requirements may set a 25-year inspection requirement if justified by local environmental conditions, including proximity to seawater.<sup>2</sup> Local enforcement agencies may also extend the inspection deadline for a building upon a petition showing good cause that the owner or owners of the buildings have entered into a contract with an architect or engineer to perform the milestone inspection services and the milestone inspection cannot reasonably be completed before the deadline.<sup>3</sup>

Single-family, two-family, three-family, and four-family dwellings with three or fewer stories above ground are exempt from the milestone inspection requirements.

The milestone inspection requirement applies to buildings that in whole or in part are subject to the condominium or cooperative forms of ownership, such as mixed-ownership buildings. Consequently, all owners of a mixed-ownership building in which portions of the building are subject to the condominium or cooperative form of ownership are responsible for ensuring compliance and must share the costs of the inspection.

The purpose of a milestone inspection is to determine the life safety and adequacy of the structural components of the building and, to the extent reasonably possible, determine the general structural condition of the building as it affects the safety of such building, including a determination of any necessary maintenance, repair, or replacement of any structural component of the building.<sup>4</sup> The purpose of such inspection is not to determine if the condition of an existing building is in compliance with the Florida Building Code or the firesafety code.<sup>5</sup> The milestone inspection services may be provided by a team of professionals with an architect or engineer acting as a registered design professional in responsible charge with all work and reports signed and sealed by the appropriate qualified team member.<sup>6</sup>

In addition, s. 553.899, F.S.:

- Requires that a phase one milestone inspection must commence within 180 days after an association receives a written notice from the local enforcement agency.
- Requires that a phase two milestone inspection must be performed if any substantial deterioration is identified during phase one.<sup>7</sup>

---

<sup>1</sup> Section 553.899(3), F.S.

<sup>2</sup> Section 553.899(3)(b), F.S.

<sup>3</sup> Section 553.899(3)(c), F.S.

<sup>4</sup> Section 553.899(2)(a), F.S.

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> Section 553.899(2)(b), defines "substantial structural deterioration" to mean "substantial structural distress or substantial structural weakness that negatively affects a building's general structural condition and integrity. The term does not include surface imperfections such as cracks, distortion, sagging, deflections, misalignment, signs of leakage, or peeling of finishes

- Provides the minimum contents of a milestone inspection report.
- Requires inspection report results to be provided to local building officials and the affected association.
- Requires that the contract between an association that is subject to the milestone inspection requirement and a community association manager (CAM) or CAM firm must require compliance with those requirements as directed by the board.
- Requires the local enforcement agency to review and determine if a building is safe for human occupancy if an association fails to submit proof that repairs for substantial deterioration have been scheduled or begun within at least 365 days after the local enforcement agency receives a phase two inspection report.

Within 45 days after receiving a milestone inspection report, the condominium or cooperative association must distribute a copy of an inspector-prepared summary of the inspection report to each condominium unit owner or cooperative unit owner. The inspector-prepared summary must be provided to unit owners, regardless of the findings or recommendations in the report, by United States mail or personal delivery to the mailing address, property address, or any other address of the owner provided to fulfill the association's notice requirements under ch. 718, F.S., or ch. 719, F.S., as applicable, and by electronic transmission to the e-mail address or facsimile number provided to fulfill the association's notice requirements to unit owners who previously consented to receive notice by electronic transmission. The association must also post a copy of the inspector-prepared summary in a conspicuous place on the condominium or cooperative property and must publish the full report and inspector-prepared summary on the association's website, if the association is required to have a website.

## **Condominium and Cooperative Associations**

### ***Chapters 718 and 719, F.S.***

Chapter 718, F.S., relating to condominiums, and ch. 719, F.S., relating to cooperatives, provide for the governance of these community associations. The chapters delineate requirements for notices of meetings,<sup>8</sup> recordkeeping requirements, including which records are accessible to the members of the association,<sup>9</sup> and financial reporting.<sup>10</sup> Timeshare condominiums are generally governed by ch. 721, F.S., the “Florida Vacation Plan and Timesharing Act.”

The Division of Florida Condominiums, Timeshares, and Mobile Homes (division) within the Department of Business and Professional Regulation (DBPR) administers the provisions of chs. 718 and 719, F.S., for condominium and cooperative associations, respectively.

### ***Condominiums***

A condominium is a “form of ownership of real property created under ch. 718, F.S.,”<sup>11</sup> the “Condominium Act.” Condominium unit owners are in a unique legal position because they are

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unless the licensed engineer or architect performing the phase one or phase two inspection determines that such surface imperfections are a sign of substantial structural deterioration.”

<sup>8</sup> See ss. 718.112(2) and 719.106(2)(c), F.S., for condominium and cooperative associations, respectively.

<sup>9</sup> See ss. 718.111(12) and 719.104(2), F.S., for condominium and cooperative associations, respectively.

<sup>10</sup> See ss. 718.111(13) and 719.104(4), F.S., for condominium and cooperative associations, respectively.

<sup>11</sup> Section 718.103(11), F.S.

exclusive owners of property within a community, joint owners of community common elements, and members of the condominium association.<sup>12</sup> For unit owners, membership in the association is an unalienable right and required condition of unit ownership.<sup>13</sup>

A condominium association is administered by a board of directors referred to as a “board of administration.”<sup>14</sup> The board of administration is comprised of individual unit owners elected by the members of a community to manage community affairs and represent the interests of the association. Association board members must enforce a community's governing documents and are responsible for maintaining a condominium's common elements which are owned in undivided shares by unit owners.<sup>15</sup>

### ***Cooperatives***

Section 719.103(12), F.S., defines a “cooperative” to mean:

[T]hat form of ownership of real property wherein legal title is vested in a corporation or other entity and the beneficial use is evidenced by an ownership interest in the association and a lease or other muniment of title or possession granted by the association as the owner of all the cooperative property.

A cooperative differs from a condominium because, in a cooperative, no unit is individually owned. Instead, a cooperative owner receives an exclusive right to occupy the unit based on their ownership interest in the cooperative entity as a whole. A cooperative owner is either a stockholder or member of a cooperative apartment corporation who is entitled, solely by reason of ownership of stock or membership in the corporation, to occupy an apartment in a building owned by the corporation.<sup>16</sup> The cooperative holds the legal title to the unit and all common elements. The cooperative association may assess costs for the maintenance of common expenses.<sup>17</sup>

### **Additional Issues**

For ease of reference to each of the topics addressed in the bill, the Present Situation for each topic will be described in Section III of this analysis, followed immediately by an associated section detailing the Effect of Proposed Changes.

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<sup>12</sup> See s. 718.103, F.S., for the terms used in the Condominium Act.

<sup>13</sup> *Id.*

<sup>14</sup> Section 718.103(4), F.S.

<sup>15</sup> Section 718.103(2), F.S.

<sup>16</sup> See *Walters v. Agency for Health Care Administration*, 288 So.3d 1215 (Fla. 3d DCA 2019), review dismissed 2020 WL 3442763 (Fla. 2020).

<sup>17</sup> See ss. 719.106(1)(g) and 719.107, F.S.

### III. Effect of Proposed Changes:

#### Official Records – Condominiums

##### *Present Situation*

Section 718.111(12)(a), F.S., requires a condominium association to maintain various records, including but not limited to, the association's recorded bylaws and amendments to those bylaws, articles of incorporation and amendments to those articles, bills of sale or transfer for association-owned property, accounting records, voting ballots, contracts for work to be performed, and bids.

Section 718.112(12)(a)7., F.S., provides, in pertinent part, that email addresses and facsimile numbers are not accessible to unit owners if consent to receive notice by electronic transmission is not provided in accordance with s. 718.112(12)(c)5.e., F.S., which provides for unit owners to consent in writing to the disclosure of contact information.

An association is not liable for an inadvertent disclosure of the e-mail address or facsimile number for receiving electronic transmission of notices.<sup>18</sup>

Section 718.111(12)(b), F.S., requires that some of these records (e.g., bylaws and articles of incorporation) must be permanently maintained from the inception of the association. All other official records must be maintained within the state for at least seven years, unless otherwise provided by general law.<sup>19</sup> The records must be made available to a unit owner within 45 miles of the condominium property or within the county in which the condominium property is located within 10 working days after receipt of a written request by the board or its designee. An association may comply with this requirement by having a copy of the records available for inspection or copying by a unit owner on the condominium property or association property or offering the option of making the records available electronically via the Internet or allowing the records to be viewed in electronic format on a computer screen and printed upon request.

Section 718.111(12)(c)1., F.S., provides that official records of the association are open to inspection by any association member or the authorized representative of such member at all reasonable times.<sup>20</sup> A renter of a unit has a right to inspect and copy the association's bylaws and rules. The failure of an association to provide the records within 10 working days after receipt of a written request creates a rebuttable presumption that the association willfully failed to comply with these requirements. A unit owner who is denied access to official records is entitled to the actual damages or minimum damages of \$50 per calendar day for up to 10 days for the association's willful failure to comply. The failure to permit inspection entitles any person prevailing in an enforcement action to recover reasonable attorney fees from the person in control of the records who, directly or indirectly, knowingly denied access to the records.

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<sup>18</sup> Section 718.112(12)(a)7., F.S.

<sup>19</sup> Section 718.111(12)(b), F.S.

<sup>20</sup> The right to inspect the records includes the right to make or obtain copies, at the reasonable expense, if any, of the member or authorized representative of such member. The association may adopt reasonable rules regarding the frequency, time, location, notice, and manner of record inspections and copying.

Making the records available on the association's website or for download via an application on a mobile device satisfies these access requirements.

Section 718.111(12)(g), F.S., provides that by January 1, 2019, an association managing a condominium with 150 or more units which does not contain timeshare units must post digital copies of specified records on its website or by an application on a mobile device. However, effective January 1, 2026, the threshold number of units for the website requirement decreases to 25 units.<sup>21</sup>

The documents that must be posted include, but are not limited to: the recorded declaration of condominium of each condominium operated by the association and each amendment to each declaration, the recorded association bylaws and amendments to those bylaws, articles of incorporation of the association and amendments to those articles, the annual and proposed budget, and various contracts, including any contract or document regarding a conflict of interest or possible conflict of interest. The failure of the association to post required information is not in and of itself sufficient to invalidate any action or decision of the association's board or its committees.

### ***Effect of Proposed Changes***

Effective January 1, 2026, the bill amends s. 718.111(12)(g), F.S., as amended in section 8, ch. 2024-244, Laws of Fla., to include the minutes of all meetings of the association, the board of administration, and the unit owners over the preceding 12 months, among the records the association must maintain on its website or make available for download by an application on a mobile device.

### **Financial Reporting**

#### ***Present Situation***

Section 718.111(13), F.S., provides the financial reporting requirements for condominium associations. Within 90 days following the end of the fiscal, or annually on such date as provided in the association's bylaws, the governing board of the association must complete, or contract with a third party to complete, the financial report. Within 21 days after the financial report is completed by the board or received from the third party, but no later than 120 days after the end of the fiscal year, the board must provide each member of the association a copy of the financial report or a notice that it is available at no charge upon a written request.

The association must deliver the financial report to each unit owner, by United States mail or personal delivery to the mailing address, property address, e-mail address, or facsimile number provided to fulfill the association's notice requirements. In addition, the association must also provide a notice that a copy of the most recent financial report will be mailed or hand delivered to the unit owner, without charge, within 5 business days after receipt of a written request from the unit owner.

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<sup>21</sup> Section 8, ch. 2024-244, Laws of Fla.

### *Effect of Proposed Changes*

The bill amends s. 718.111(13), F.S., to provide that the notice advising that a unit owner may request a copy of the financial statement may be delivered by the means requested by the unit owner, which may be by United States mail, hand delivery, or electronic delivery via the Internet.

## **Investing Funds – Condominiums and Cooperatives**

### *Present Situation*

#### Reserve Funds

In addition to annual operating expenses, the budget must include reserve accounts for capital expenditures and deferred maintenance.<sup>22</sup>

#### Commingling of Funds and Investing

Section 718.111(14), F.S., requires all funds collected by an association to be maintained separately in the association's name. Operating funds and reserve funds must be accounted for separately, and a commingled account cannot, at any time, be less than the amount identified as reserve funds. However, reserve funds may be commingled with operating funds of the association for investment purposes only.

Section 719.104(8), F.S., provides that reserve and operating funds of the association shall not be commingled unless combined for investment purposes, and this provision is not meant to prohibit prudent investment of association funds even if combined with operating or other reserve funds of the same association. However, such funds must be accounted for separately, and the combined account balance may not, at any time, be less than the amount identified as reserve funds in the combined account.

#### Investment Advisers

Investment advisers are defined as “a person, other than an associated person of an investment adviser or a federal covered adviser, that receives compensation, directly or indirectly, and engages for all or part of the person's time, directly or indirectly, or through publications or writings, in the business of advising others as to the value of securities or as to the advisability of investments in, purchasing of, or selling of securities”<sup>23</sup>

The term “investment adviser” does not include:

- Any licensed practicing attorney whose performance of such services is solely incidental to the practice of her or his profession;
- Any licensed certified public accountant whose performance of such services is solely incidental to the practice of her or his profession;
- Any bank authorized to do business in this state;

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<sup>22</sup> Section 718.112(2)(f)2., F.S.

<sup>23</sup> Section 517.021(16)(a), F.S.

- Any bank holding company as defined in the Bank Holding Company Act of 1956, as amended, authorized to do business in this state;
- Any trust company having trust powers which it is authorized to exercise in the state, which trust company renders or performs services in a fiduciary capacity incidental to the exercise of its trust powers;
- Any person who renders investment advice exclusively to insurance or investment companies;
- Any person who does not hold herself or himself out to the general public as an investment adviser and has no more than 15 clients within 12 consecutive months in this state;
- Any person whose transactions in this state are limited to those transactions described in s. 222(d) of the Investment Advisers Act of 1940; or
- A federal covered adviser.<sup>24</sup>

An investment adviser must be registered with the Office of Financial Regulation (OFR) within the Financial Services Commission<sup>25</sup> to “sell or offer for sale any securities in or from offices in this state, or sell securities to persons in this state from offices outside this state, by mail or otherwise, unless the person has been registered with the [OFR] pursuant to the provisions of this section. The [OFR] shall not register any person as an associated person of a dealer unless the dealer with which the applicant seeks registration is lawfully registered with the [OFR] pursuant to [ch. 517, F.S.]”<sup>26</sup>

### ***Effect of Proposed Changes***

The bill creates ss. 718.111(16) and 719.104(13), F.S., to authorize condominium and cooperative associations, respectively, including multicondominium associations, to invest reserve funds. The bill provides procedures and requirements an association must follow when investing reserve funds, including limits on the types of permissible investments, recordkeeping requirements, and requiring the use of an independent investment adviser. The bill:

- Requires the board to use its best efforts to make prudent investment decisions that carefully consider risk and return in an effort to maximize returns on invested funds;
- Permits reserve funds to be invested in one or any combination of depository accounts at a community bank, savings bank, commercial bank, savings and loan association, or credit union if the respective account balance at any institution does not exceed the amount of deposit insurance per account provided by any agency of the Federal Government or as otherwise available.
- Permits only reserve funds identified as reserve funds may be invested even if the declaration permits operating funds to be invested;
- Requires the board to create an investment committee composed of at least two board members and two unit owners who are not board members, to adopt rules for invested funds, including, but not limited to, rules requiring periodic reviews of any investment manager’s performance, the development of an investment policy statement, and that all meetings of the investment committee be recorded and made part of the official records of the association;

<sup>24</sup> Section 517.021(16)(b), F.S.

<sup>25</sup> Section 517.021(8), F.S.

<sup>26</sup> Section 517.12(1), F.S.

- Specifies the issues that the investment policy must address, including requiring that projected reserve expenditures within, at minimum, the next 24 months be held in cash or cash equivalents, requiring projected expenditures relating to the milestone inspection, and protocols for proxy response;
- Requires the investment committee to recommend investment advisers to the board;
- Requires such investment advisers to be registered or have a notice filed under s. 517.12, F.S., with the OFR. The investment advisor, representative, or association of the investment adviser may not be related by affinity or consanguinity to, or under common ownership with, any board member, community management company, reserve study provider, or unit owner;
- Requires the investment adviser to comply with the prudent investor rule in s. 518.11, F.S.,<sup>27</sup> and to act as a fiduciary to the association in compliance with the standards set forth in the Employee Retirement Income Security Act of 1974;
- Requires that the association, at least once each calendar year, or sooner if a substantial financial obligation of the association becomes known to the board, provide the investment adviser with the association's investment policy statement, the most recent reserve study report, the association's structural integrity report, if available, and the financial reports prepared pursuant to subsection s. 718.111(13), F.S.;
- Requires the investment adviser to:
  - Annually review these documents and provide the association with a portfolio allocation model that is suitably structured and prudently designed to match projected annual reserve fund requirements and liability, assets, and liquidity requirements;
  - Prepare a funding projection for each reserve component, including any of the component's redundancies;
  - Annually provide the association with a written certification of compliance with this section and a list of stocks, securities, and other obligations that are prohibited from being in an association portfolio; and
  - Submit monthly, quarterly, and annual reports to the association which are prepared in accordance with established financial industry standards and in accordance with ch. 517, F.S., relating to the regulation of investment advisers;
- Requires that there be a minimum of 24 months of projected reserves in cash or cash equivalents available to the association at all times;
- Prohibits investment in stocks, securities, or other obligations that the State Board of Administration or state agencies are prohibited from investing in under ss. 215.471, 215.4725, 215.472, and 215.473, F.S., as determined by the investment adviser;<sup>28</sup>
- Permits the investment adviser to withdraw investment fees, expenses, and commissions from invested funds;
- Requires that any principal, earnings, or interest must be available at no cost or charge to the association within 15 business days after delivery of the association's written or electronic request; and

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<sup>27</sup> Section 518.11, F.S., sets forth the prudent investor rule. Generally, a fiduciary has a duty to invest and manage investment assets as a prudent investor would considering the purposes, terms, distribution requirements, and other circumstances of the trust.

<sup>28</sup> These provisions deal with investments in stocks, securities, or other obligations of companies doing business with Cuba or Venezuela, that boycott Israel or engage in a boycott of Israel, or that conduct certain business operations with [North] Sudan and Iran.

- Requires unallocated income earned on reserve fund investments to be spent only on capital expenditures, planned maintenance, structural repairs, or other items for which the reserve accounts have been established. Any surplus must be managed as common expenses and surpluses under s. 718.115, F.S.

## **Reserves and Structural Integrity Reserve Studies – Condominiums and Cooperatives**

### ***Present Situation***

#### **Budgets and Reserves**

In addition to annual operating expenses, the budget must include reserve accounts for capital expenditures and deferred maintenance. Reserve accounts must include, but are not limited to, roof replacement, building painting, and pavement resurfacing, regardless of the amount of deferred maintenance expense or replacement cost, and any other item that has a deferred maintenance expense or replacement cost that exceeds \$10,000.<sup>29</sup>

The amount to be reserved must be computed using a formula based upon the estimated remaining useful life and estimated replacement cost or deferred maintenance expense of each reserve item. Replacement reserve assessments may be adjusted annually to take into account any changes in estimates or extension of the useful life of a reserve item caused by deferred maintenance.<sup>30</sup>

Members of unit-owner-controlled associations may waive reserves upon a majority vote of the total voting interests of the association. However, for a budget adopted on or after December 31, 2024, unit-owner-controlled condominium and cooperative associations that must obtain a structural integrity reserve study (SIRS) may not waive reserves. Associations that are required to obtain a SIRS also may not opt to provide less reserves or no reserves than are required for the structural integrity items. Nor may those reserves be used for any other purpose than their intended purpose.<sup>31</sup>

A SIRS is a study of the reserve funds required for future major repairs and replacement of the common elements based on a visual inspection. A SIRS is required for condominium buildings that are three or more stories in height.<sup>32</sup>

Before turnover of control to the unit owners, ss. 718.301(4)(p) and 719.301(4)(p), F.S., require the developer to perform a turnover inspection performed by a licensed professional engineer or architect, or a reserve specialist or professional reserve analyst certified by the Community Associations Institute or the Association of Professional Reserve Analysts. However, this provision does not require that the inspection comply with the SIRS requirements in ss. 718.112(2)(g) and 719.106(1)(k), F.S., relating to condominium and cooperative associations, respectively.

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<sup>29</sup> See s. 718.112(2)(f) and 719.106(1)(j), F.S., relating to reserves requirements for condominium and cooperative associations, respectively.

<sup>30</sup> *Id.*

<sup>31</sup> Sections 718.112(2)(f) and 719.106(1)(j), F.S., relating to condominium and cooperative associations, respectively.

<sup>32</sup> See ss. 718.112(2)(g) and 719.106(1)(k), F.S., relating to SIRS requirements for condominium and cooperative associations, respectively.

A condominium association may temporarily pause reserve funding or reduce reserve funding if the entire condominium building is uninhabitable, as determined by the local building official, due to a natural emergency, as defined in s. 252.34, F.S., upon the approval of a majority of the members. Any reserve account funds held by the association may be expended, pursuant to the board's determination, to make the condominium building and its structures habitable. Upon the determination by the local building official that the condominium building and its structures are habitable, the association must immediately resume contributing funds to its reserves.<sup>33</sup> Cooperative associations do not have a comparable provision for pausing or reducing reserve funding if a building is uninhabitable.

### Structural Integrity Reserve Studies

Regarding the funding of reserves for the continued maintenance and repair of condominium and cooperative buildings, ss. 718.112(2)(f) and 719.106(1)(j), F.S., relating to condominium and cooperative associations, respectively, associations that are required to have a SIRS may not waive reserves for the SIRS items or use such reserves for other purposes.

Sections 718.112(2)(g) and 719.106(1)(k), F.S., relating to condominium and cooperative associations, respectively:

- Require condominium associations and cooperative associations to complete a structural integrity reserve study every 10 years for each building in an association that is three stories or higher in height, as determined by the Florida building code.
- Require associations existing on or before July 1, 2022, that are controlled by non-developer unit owners, to have a SIRS completed by December 31, 2024. An association that completes a milestone inspection by December 31, 2026, may complete the SIRS at the same time.
- Require that the study include a visual inspection, and state the estimated remaining useful life and the estimated replacement cost of the following items (structural integrity items): roof, structure, fireproofing and fire protection systems, plumbing, electrical systems, waterproofing, windows and exterior doors, and any item with a deferred maintenance or replacement cost that exceeds \$10,000.
- Require the visual inspection be performed or verified by a person licensed as an engineer, an architect, reserve specialist, or professional reserve analyst certified by the Community Associations Institute or the Association of Professional Reserve Analysts. However, any qualified person or entity may perform the other components of a SIRS.
- Provide that the SIRS may recommend that reserves do not need to be maintained for any item for which an estimate of useful life and an estimate of replacement cost or deferred maintenance expense cannot be determined or for which the estimate of useful life is greater than 25 years, but the study may recommend a deferred maintenance amount for such items.
- Exempt from the SIRS requirement:
  - Buildings less than three stories in height;
  - Single-family, two-family, or three-family dwellings with three or fewer habitable stories above ground; and
  - Any portion or component of a building that has not been submitted to the condominium or cooperative form of ownership; or any portion or component of a building that is maintained by a party other than the condominium or cooperative association.

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<sup>33</sup> Section 718.112(2)(f)2.a., F.S.

Within 45 days of completion of a SIRS, condominium and cooperative associations must provide unit owners with a notice that the study is available for inspection and copying. The notice may be provided electronically.<sup>34</sup>

### *Effect of Proposed Changes*

#### Budgets and Reserves

The bill creates ss. 718.112(2)(f)2.c., and 719.106(1)(j)2.e., F.S., to authorize condominium and cooperative associations, respectively, to secure a line of credit in lieu of maintaining reserves for all or a portion of the required reserves upon a majority vote of the total voting interests of the association. This authorization can be used for a budget adopted on or before December 31, 2028, and the authorization is limited to unit-owner-controlled associations that must have a structural reserve study. The line of credit must be sufficient to meet the association's deferred maintenance obligation not funded in the association's reserve account for each budget. Funding from the line of credit must be immediately available for access by the board to fund the required repair, maintenance, or replacement expenses without further approval by the members of the association. A line of credit that is used in lieu of reserves must be included in the association's annual financial report.

The bill amends s. 718.112(2)(f)2.d., F.S., to remove the requirement for the approval of a majority of the members of a condominium association before that association may temporarily pause the funding of reserves or reduce the amount of reserve funding if the entire condominium building is uninhabitable due to a natural emergency, as defined in s. 252.34, F.S., as determined by the local enforcement agency.

The bill creates s. 719.106(1)(j)2.d., F.S., to allow cooperative associations to temporarily pause the funding of reserves or reduce the amount of reserve funding in a manner that is identical to that provided for condominium associations in s. 718.112(2)(f)2.d., F.S.

The bill creates ss. 718.112(2)(f)2.e., and 719.106(1)(j)2.f., F.S., to allow the boards of condominium or cooperative associations that have completed a milestone inspection pursuant to s. 553.899, F.S., within the previous two calendar years to temporarily pause reserve fund contributions or reduce the amount of reserve funding for the purpose of funding repairs recommended by the milestone inspection if approved by a majority of the total voting interests of the association. Associations may only temporarily pause reserve funding under this provision for budgets adopted on or before December 31, 2028. In addition, a developer-controlled association and an association in which the non-developer unit owners have been in control for less than 1 year, may not pause reserve funding under this provision. An association that has paused reserve contributions must have a SIRS performed before the continuation of reserve contributions in order to determine the association's reserve funding needs and to recommend a reserve funding plan.

The bill amends ss. 718.112(2)(f)3., and 719.106(1)(j)3., F.S., to allow the boards of condominium or cooperative associations to change the accounting method for reserves to a pooling accounting method or a straight-line accounting method without a vote of the members.

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<sup>34</sup> Sections 718.112(2)(g)10. and 719.106(1)(k)10., F.S., relating to condominium and cooperative associations, respectively.

### Structural Integrity Reserve Studies

The bill amends ss. 718.112(2)(g), and 719.106(1)(k), F.S., to extend the deadline by which associations must complete a required SIRS from December 31, 2024, to December 31, 2025.

The bill creates ss. 718.112(2)(g)3.b., and 719.106(1)(k)3.b., F.S., to provide conflict of interest provisions for persons performing the SIRS and the persons performing maintenance, repair, and replacement services recommended by SIRS for condominium and cooperative associations, respectively. Under the bill, any design professional, as defined in s. 558.002(7), F.S.,<sup>35</sup> or contractor licensed under ch. 489, F.S., who bids to perform a SIRS must disclose in writing to the association his or her intent to bid on any services related to any maintenance, repair, or replacement that may be recommended by the SIRS.

Additionally, any design professional or licensed contractor who submits a bid to the association for performing any services recommended by the SIRS may not have an interest, directly or indirectly, in the firm or entity providing the association's SIRS or be a relative of any person having a direct or indirect interest in such firm, unless such relationship is disclosed to the association in writing. The bill defines the term "relative" to mean a relative within the third degree of consanguinity by blood or marriage.

The bill provides that a contract for services is voidable and terminates upon the association filing a written notice terminating the contract if the design professional or licensed contractor failed to provide the required written disclosure of the relationship. It also provides that a design professional or licensed contractor may be subject to discipline under the applicable practice act for his or her profession for failure to provide the required written disclosure of the relationship.

The bill amends ss. 718.112(2)(g)4.a., and 719.106(1)(k)4.a., F.S., to require that the SIRS for condominium and cooperative associations, at a minimum, must include a recommendation for a reserve funding schedule based on a baseline funding plan that provides a reserve funding goal in which the expenditures for each budget year for deferred maintenance, repair, and replacement of reserve items are sufficient to maintain the reserve cash balance above zero. Under the bill, the study may recommend other types of reserve funding schedules if the recommended schedules are sufficient to meet the association's maintenance obligation.

The bill amends ss. 718.112(2)(g)4.b., and 719.106(1)(k)4.b., F.S., to provide that if a SIRS for a condominium or cooperative association recommends reserves for any item for which reserves are not required, the amount of the recommended reserves for such item must be separately identified in the SIRS as an item for which reserves are not required.

The bill creates ss. 718.112(2)(g)9., and 719.106(1)(k)9., F.S., to allow condominium and cooperative associations that have completed a milestone inspection required by s. 553.899, F.S., or an inspection completed for a similar local requirement, to delay performance of a required

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<sup>35</sup> Section 558.002(7), F.S., defines the term "design professional" to mean a person, as defined in s. 1.01, F.S., who is licensed in this state as an architect, a landscape architect, an engineer, a surveyor, or a geologist or who is a registered interior designer, as defined in s. 481.203, F.S.

SIRS for no more than two budget years to permit the association to focus its financial resources on completing the repair and maintenance recommendations of the milestone inspection.

The bill creates ss. 718.112(2)(g)13., and 719.106(1)(k)13., F.S., to require the Division of Condominiums, Timeshares, and Mobile Homes (division) to adopt by rule the form for the SIRS in coordination with the Florida Building Commission.

### **Pre-sale Disclosures - Condominium and Cooperative Associations**

#### ***Present Situation***

Developers and nondeveloper owners of condominium or cooperative units must give certain documents to a prospective buyer or lessee before the execution of a contract for the sale of a residential unit, including a copy of the inspector-prepared summary of the milestone inspection report as described in ss. 553.899 and 718.301(4), F.S., and a copy of the most recent SIRS, or a statement that the association has not completed a SIRS or that a SIRS is not required.<sup>36</sup>

The developer may not close for 15 days following the execution of a purchase contract, or execution of a lease of a residential unit for an unexpired term of more than five years, and the delivery of the required documents to the buyer, including the documents creating the association, the bylaws, and the estimated operating budget of the association. A prospective purchaser may void the contract within 15 days of his or her receipt of all the required documents.<sup>37</sup>

A nondeveloper unit owner must provide the prospective buyer or lessee certain information, including the articles of incorporation, bylaws and rules, a copy of the most recent financial information, and a “Frequently Asked Questions and Answers” document.<sup>38</sup> These documents must be provided more than three days, excluding Saturdays, Sundays, and legal holidays, before the execution of the contract, or the sales contract is voidable by the prospective purchaser. These disclosures do not apply to the leasing of a residential unit by a nondeveloper owner.<sup>39</sup>

Each contract for sale of a residential unit by a developer or nondeveloper must contain in conspicuous type a statement acknowledging that the purchaser has received the document and his or her right to void the contract if the required documents are not provided more than three days in the case of a nondeveloper sale or 15 days in the case of a developer sale, excluding Saturdays, Sundays, and legal holidays, before the execution of the contract.

These disclosures for developers and the nondevelopers also require that the prospective purchaser must be given a copy of the most recent financial statement and annual budget. However, the term “recent financial statement and annual budget” is not uniformly used throughout these requirements and instead uses the broader term “financial information.”

---

<sup>36</sup> Sections 718.503(1) and 719.503(1), F.S.

<sup>37</sup> Sections 718.503(1) and 719.503(1), F.S., providing the developer disclosures before the sale or lease of a residential condominium or cooperative unit, respectively.

<sup>38</sup> See ss. 718.503(2) and 719.503(2), F.S., providing the nondeveloper disclosures before the sale of a residential condominium or cooperative unit, respectively.

<sup>39</sup> *Id.*

### ***Effect of Proposed Changes***

The bill amends ss.718.503(1) and (2) and 719.503(1) and (2), F.S., to replace the term “financial information” with the terms “recent financial statement and annual budget.”

The bill also extends a 3-day rescission period for condominium sales by nondeveloper unit owners to 15 days.

### **Condominiums within a Portion of a Building or within a Multiple Parcel Building**

#### ***Present Situation***

In a recent decision by the Florida Third District Court of Appeals (3<sup>rd</sup> DCA), the court held that the declaration of condominium had impermissibly divested a unit of its undivided share of the common elements by designating certain portions of the condominium property as “shared facilities.”<sup>40</sup>

In *IconBrickell*, the condominium is a mixed-use condominium consisting of residential condominium units and a luxury hotel. The declaration of condominium designated a wide variety of specific portions of the common elements as “shared facilities” under the exclusive ownership and control of the hotel unit owner. The “shared facilities” include the balconies, lobby, elevators, and the infrastructure for utilities, such as wires and pipes. The term “shared facilities” is not defined in ch. 718, F.S.

Even though the residential unit owners did not have a common ownership interest in the “shared facilities,” the declaration burdened the residential unit owners, and not the owner of the hotel, with expenses incurred by the owner of the hotel for the maintenance, repair, replacement, improvement, management, and operation of the shared facilities. The court held that the “recharacterization, and the resultant expropriation of undivided common ownership, indubitably contravenes the edict of the [Condominium] Act.”<sup>41</sup>

Revised by s. 5, ch. 2024-244, Laws of Fla., the term “condominium property” in s. 718.103(14), F.S., means “the lands, leaseholds, improvements, any personal property, and all easements and rights appurtenant thereto, regardless of whether contiguous, which are subjected to condominium ownership.”

Section 718.104(4)(b), F.S., relating to the creation of condominiums, was revised by s. 6, ch. 2024-244, Laws of Fla., to provide that condominiums created within a portion of a building or within a multiple parcel building shall include the name by which the condominium is to be identified and be followed by “a condominium within a portion of a building or within a multiple parcel building.”

Effective October 1, 2024, s. 718.407, F.S., which was created by s. 20, ch. 2024-244, Laws of Fla., provides conditions, including disclosure requirements in sales contracts, for the creation of condominiums within a portion of a building or within a multiple parcel building. The bill

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<sup>40</sup> *IconBrickell Condominium No. three Association, Inc. v. New Media Consulting, L.L.C.*, 310 So.3<sup>rd</sup> 477 (Fla. 3<sup>rd</sup> DCA 2020).

<sup>41</sup> *IconBrickell* at 481.

provides that the declaration of condominium that creates a condominium within a portion of a building or within a multiple parcel building, the recorded instrument that creates the multiple parcel building, or any other recorded instrument applicable (creating document) must specify all of the following:

- The portions of the building which are included in the condominium and the portions of the building that are excluded.
- The party responsible for maintaining and operating those portions of the building which are shared facilities, and which may include, among other things, the roof, the exterior of the building, windows, balconies, elevators, the building lobby, corridors, recreational amenities, and utilities.
- The manner in which the expenses for the maintenance and operation of the shared facilities will be apportioned:
  - An owner of a portion of a building which is not submitted to the condominium form of ownership or the condominium association for the portion of the building submitted to the condominium form of ownership, must approve any increase in the apportionment of expenses to such portion of the building.
  - The apportionment of expenses for the maintenance and operation of the shared facilities may be based on any of the specified criteria or any combination thereof.
  - An alternative method of apportionment of expenses may be provided if the apportionment method is stated in the creating document.
- The party responsible for collecting shared expenses.
- The rights and remedies available to enforce payment of shared expenses.

The association of a condominium created within a portion of a building or within a multiple parcel building has the right to inspect and copy the books and records upon which the costs for maintaining and operating the shared facilities are based and to receive an annual budget with respect to such costs.

A disclosure summary must be included, in conspicuous type, in every contract for the sale of any condominium created under s. 718.407, F.S. The disclosure summary informs the prospective purchaser of a condominium unit that:

- The condominium is created within a portion of a building or within a multiple parcel building.
- The common elements of the condominium consist only of the portions of the building submitted to the condominium.

The disclosure summary also includes the buyer's acknowledgment that:

- The condominium may have minimal or no common elements.
- Portions of the building that are not included in the condominium are (or will be) governed by a separate recorded instrument that contains important provisions and rights.
- The party that controls the maintenance and operation of the portions of the building that are not included in the condominium determines the budget for the operation and maintenance of such portions; however, the association and unit owners are still responsible for their share of such expenses.
- The allocation between the owners of the costs to maintain and operate the building can be found in the declaration of condominium or other recorded instruments.

Section 718.407(6), F.S., provides that the creation of a multiple parcel building is not a subdivision of the land upon which such building is situated, provided the land itself is not subdivided.

Section 31 of ch. 2024-244, Laws of Fla., provided that the amendments made to ss. 718.103(14) and 718.202(3) and s. 718.407(1), (2), and (6), F.S., are intended to clarify existing law and shall apply retroactively. However, such amendments do not revive or reinstate any right or interest that has been fully and finally adjudicated as invalid before October 1, 2024.

***Effect of Proposed Changes***

The bill revises the provision in section 31 of ch. 2024-244, Laws of Florida, to provide that those provisions do not apply retroactively and only apply to condominiums for which declarations were initially recorded on or after July 1, 2025.

**Effective Date**

The bill takes effect July 1, 2025.

**IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. **Government Sector Impact:**

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 718.111, 718.112, 718.503, 719.106, and 719.503.

This bill substantially amends section 31 of chapter 2024-244 of the Laws of Florida.

This bill reenacts the following sections of the Florida Statutes: 718.504, 718.618, 718.706, 719.103, 719.104, 719.504, 721.13, 718.501, and 719.501.

**IX. Additional Information:**

A. **Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. **Amendments:**

None.

By Senator Bradley

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1 A bill to be entitled  
 2 An act relating to condominium and cooperative  
 3 associations; amending s. 718.111, F.S.; revising the  
 4 methods of delivery for a copy of the most recent  
 5 association financial report to include electronic  
 6 delivery via the Internet; requiring a board to use  
 7 best efforts to make prudent investment decisions in  
 8 fulfilling its duty to manage operating and reserve  
 9 funds of the association; authorizing an association,  
 10 including a multicondominium association, to invest  
 11 reserve funds in specified financial institutions;  
 12 providing restrictions; prohibiting any funds not  
 13 identified as reserve funds from being used for  
 14 investments; requiring a board to create an investment  
 15 committee composed of a specified minimum number of  
 16 board members; requiring the board to adopt rules;  
 17 requiring that all meetings of the investment  
 18 committee be recorded and made part of the official  
 19 records of the association; requiring that the  
 20 investment policy statement developed pursuant to  
 21 certain provisions address specified issues; requiring  
 22 the investment committee to recommend investment  
 23 advisers to the board; requiring the board to select  
 24 one of the recommended investment advisers to provide  
 25 services to the association; requiring such advisers  
 26 to be registered; prohibiting an investment adviser  
 27 from being related to any board member, community  
 28 management company reserve study provider, or unit  
 29 owner; requiring investment advisers to comply with

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30 the prudent investor rule; requiring an adviser to act  
 31 as a fiduciary to the association; requiring that the  
 32 investment and fiduciary standards of this section  
 33 take precedence over any conflicting law; requiring  
 34 the investment committee to recommend a replacement  
 35 adviser if the committee determines that an investment  
 36 adviser is not meeting requirements; requiring the  
 37 association to provide the investment adviser with  
 38 specified financial information at least once each  
 39 calendar year, or sooner if a substantial financial  
 40 obligation of the association becomes known to the  
 41 board; requiring the investment adviser to annually  
 42 review such financial information and provide the  
 43 association with a portfolio allocation model that is  
 44 suitably structured and prudently designed to match  
 45 projected annual reserve fund requirements and  
 46 liability, assets, and liquidity requirements;  
 47 requiring the investment adviser to prepare a funding  
 48 projection for each reserve component, including any  
 49 of the component's redundancies; requiring that a  
 50 specified minimum timeframe of projected reserves in  
 51 cash or cash equivalents be available to the  
 52 association; authorizing a portfolio managed by an  
 53 investment adviser to contain any type of investment  
 54 necessary to meet the objectives in the investment  
 55 policy statement; providing exceptions; requiring that  
 56 any funds invested by the investment adviser be held  
 57 by third-party custodial accounts that are subject to  
 58 insurance coverage by the Securities Investor

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59 Protection Corporation in an amount equal to or  
 60 greater than the invested amount; authorizing the  
 61 investment adviser to withdraw investment fees,  
 62 expenses, and commissions from invested funds;  
 63 requiring the investment adviser to annually provide  
 64 the association with a written certification of  
 65 compliance of this section and provide the association  
 66 with a list of stocks, securities, and other  
 67 obligations; requiring the investment adviser to  
 68 submit monthly, quarterly, and annual reports to the  
 69 association prepared in accordance with established  
 70 financial industry standards; requiring that any  
 71 principal, earnings, or interest managed be available  
 72 to the association at no cost within a specified  
 73 timeframe after the association's written or  
 74 electronic request; requiring that unallocated income  
 75 earned on reserve fund investments be spent only on  
 76 specified expenditures; reenacting and amending s.  
 77 718.112, F.S.; authorizing a unit-owner-controlled  
 78 association to obtain a line of credit in lieu of  
 79 maintaining reserves for budgets adopted on or before  
 80 a specified date upon a majority vote of the  
 81 association; requiring that such line of credit be  
 82 sufficient to meet the association's deferred  
 83 maintenance obligations not funded in the  
 84 association's reserve account for each budget;  
 85 requiring that funding from the line of credit be  
 86 immediately available for access by the board for a  
 87 specified purpose; requiring that such lines of credit

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88 be included in the association's financial report;  
 89 deleting a requirement that the majority of the  
 90 members must approve of the board pausing  
 91 contributions to the association's reserves for a  
 92 specified purpose; authorizing the board to  
 93 temporarily pause reserve fund contributions or reduce  
 94 the amount of reserve funding for a specified purpose  
 95 for a budget adopted on or before a specified date if  
 96 the association has completed a milestone inspection  
 97 within a specified timeframe and such inspection  
 98 recommended certain repairs; requiring that such  
 99 temporary pause or reduction be approved by a majority  
 100 of the total voting interests of the association;  
 101 providing applicability; requiring associations that  
 102 have paused or reduced their reserve funding to have a  
 103 structural integrity reserve study performed before  
 104 the continuation of reserve contributions for  
 105 specified purposes; providing that a vote of the  
 106 members is not required for the board to change the  
 107 accounting method for reserves to specified accounting  
 108 methods; requiring specified design professionals or  
 109 contractors who bid to perform a structural integrity  
 110 reserve study to disclose in writing to the  
 111 association their intent to bid on any services  
 112 related to the maintenance, repair, or replacement  
 113 that may be recommended by the structural integrity  
 114 reserve study; prohibiting such professionals or  
 115 contractors from having any interest in or being  
 116 related to any person having any interest in the firm

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117 or entity providing the association's structural  
 118 integrity reserve study unless such relationship is  
 119 disclosed in writing; defining the term "relative";  
 120 providing that a contract for services is voidable and  
 121 terminates upon the association filing a written  
 122 notice terminating such a contract if such  
 123 professional or contractor fails to provide a written  
 124 disclosure of such relationship with the firm  
 125 conducting the structural integrity reserve study;  
 126 providing that such professional or contractor may be  
 127 subject to discipline for his or her failure to  
 128 provide such written disclosure; requiring that a  
 129 structural integrity reserve study include a  
 130 recommendation for a reserve funding schedule based on  
 131 specified criteria; authorizing the study to recommend  
 132 other types of reserve funding schedules, provided  
 133 each recommended schedule is sufficient to meet the  
 134 association's maintenance needs; requiring that  
 135 reserves not required for certain items be separately  
 136 identified in the structural integrity reserve study  
 137 as such; authorizing an association to delay a  
 138 required structural integrity reserve study for a  
 139 specified timeframe if it has completed a milestone  
 140 inspection or similar inspection, for a specified  
 141 purpose; requiring the Division of Florida  
 142 Condominiums, Timeshares, and Mobile Homes to adopt  
 143 rules for the form for the structural integrity  
 144 reserve study in coordination with the Florida  
 145 Building Commission; making technical changes;

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146 amending s. 718.503, F.S.; revising the disclosures  
 147 that must be included in a contract for the sale and  
 148 resale of a residential unit; amending s. 8 of chapter  
 149 2024-244, Laws of Florida, as amended; revising the  
 150 requirement of an association managing 25 or more  
 151 units, rather than 150 or more units, to post digital  
 152 copies of specified documents on its website or make  
 153 such documents available through an application that  
 154 can be downloaded on a mobile device; revising such  
 155 documents to include the minutes of all meetings of  
 156 the association, the board of administration, and the  
 157 unit owners over the preceding 12 months; deleting  
 158 obsolete language; amending s. 31 of chapter 2024-244  
 159 Laws of Florida; revising applicability; amending s.  
 160 719.104, F.S.; requiring a board to use best efforts  
 161 to make prudent investment decisions in fulfilling its  
 162 duty to manage operating and reserve funds of the  
 163 association; authorizing an association to invest  
 164 reserve funds in specified financial institutions;  
 165 providing restrictions; prohibiting any funds not  
 166 identified as reserve funds from being used for  
 167 investments; requiring a board to create an investment  
 168 committee composed of a specified minimum number of  
 169 board members; requiring the board to adopt rules;  
 170 requiring that all meetings of the investment  
 171 committee be recorded and made part of the official  
 172 records of the association; requiring that the  
 173 investment policy statement developed pursuant to  
 174 certain provisions address specified issues; requiring

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175 the investment committee to recommend investment  
 176 advisers to the board; requiring the board to select  
 177 one of the recommended investment advisers to provide  
 178 services to the association; requiring such advisers  
 179 to be registered; prohibiting an investment adviser  
 180 from being related to any board member, community  
 181 management company reserve study provider, or unit  
 182 owner; requiring investment advisers to comply with  
 183 the prudent investor rule; requiring an adviser to act  
 184 as a fiduciary to the association; requiring that the  
 185 investment and fiduciary standards of this section  
 186 take precedence over any conflicting law; requiring  
 187 the investment committee to recommend a replacement  
 188 adviser if the committee determines that an investment  
 189 adviser is not meeting requirements; requiring the  
 190 association to provide the investment adviser with  
 191 specified financial information at least once each  
 192 calendar year, or sooner if a substantial financial  
 193 obligation of the association becomes known to the  
 194 board; requiring the investment adviser to annually  
 195 review such financial information and provide the  
 196 association with a portfolio allocation model that is  
 197 suitably structured and prudently designed to match  
 198 projected annual reserve fund requirements and  
 199 liability, assets, and liquidity requirements;  
 200 requiring the investment adviser to prepare a funding  
 201 projection for each reserve component, including any  
 202 of the component's redundancies; requiring that a  
 203 minimum timeframe of projected reserves in cash or

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204 cash equivalents be available to the association;  
 205 authorizing a portfolio managed by an investment  
 206 adviser to contain any type of investment necessary to  
 207 meet the objectives in the investment policy  
 208 statement; providing exceptions; requiring that any  
 209 funds invested by the investment adviser be held in  
 210 third-party custodial accounts that are subject to  
 211 insurance coverage by the Securities Investor  
 212 Protection Corporation in an amount equal to or  
 213 greater than the invested amount; authorizing the  
 214 investment adviser to withdraw investment fees,  
 215 expenses, and commissions from invested funds;  
 216 requiring the investment adviser to annually provide  
 217 the association with a written certification of  
 218 compliance of this section and provide the association  
 219 with a list of stocks, securities, and other  
 220 obligations; requiring the investment adviser to  
 221 submit monthly, quarterly, and annual reports to the  
 222 association prepared in accordance with established  
 223 financial industry standards; requiring that any  
 224 principal, earnings, or interest managed be available  
 225 to the association at no cost within a specified  
 226 timeframe after the association's written or  
 227 electronic request; requiring that unallocated income  
 228 earned on reserve fund investments be spent only on  
 229 specified expenditures; amending s. 719.106, F.S.;  
 230 authorizing the board to pause contributions to its  
 231 reserves or reduce reserve funding if a local building  
 232 official determines the entire condominium building is

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233 uninhabitable due to a natural emergency; authorizing  
 234 any reserve account fund held by the association to be  
 235 expended to make the condominium building and its  
 236 structures habitable, pursuant to the board's  
 237 determination; requiring the association to  
 238 immediately resume contributing funds to its reserves  
 239 once the local building official determines that the  
 240 condominium building is habitable; authorizing a unit-  
 241 owner-controlled association to obtain a line of  
 242 credit in lieu of maintaining reserves for budgets  
 243 adopted on or before a specified date upon a majority  
 244 vote of the association; requiring that such line of  
 245 credit be sufficient to meet the association's  
 246 deferred maintenance obligations not funded in the  
 247 association's reserve account for each budget;  
 248 requiring that funding from the line of credit be  
 249 immediately available for access by the board for a  
 250 specified purpose; authorizing the board to  
 251 temporarily pause reserve fund contributions or reduce  
 252 the amount of reserve funding for a specified purpose  
 253 for a budget adopted on or before a specified date if  
 254 the association has completed a milestone inspection  
 255 within a specified timeframe; requiring that such  
 256 temporary pause or reduction be approved by a majority  
 257 of the total voting interests of the association;  
 258 providing applicability; requiring associations that  
 259 have paused or reduced their reserve funding to have a  
 260 structural integrity reserve study performed before  
 261 the continuation of reserve contributions for

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262 specified purposes; providing that a vote of the  
 263 members is not required for the board to change the  
 264 accounting method for reserves to specified accounting  
 265 methods; requiring specified design professionals or  
 266 contractors who bid to perform a structural integrity  
 267 reserve study to disclose in writing to the  
 268 association their intent to bid on any services  
 269 related to the maintenance, repair, or replacement  
 270 that may be recommended by the structural integrity  
 271 reserve study; prohibiting such professionals or  
 272 contractors from having any interest in or being  
 273 related to any person having any interest in the firm  
 274 or entity providing the association's structural  
 275 integrity reserve study unless such relationship is  
 276 disclosed in writing; defining the term "relative";  
 277 providing that a contract for services is voidable and  
 278 terminates upon the association filing a written  
 279 notice terminating such a contract if such  
 280 professional or contractor fails to provide a written  
 281 disclosure of such relationship with the firm  
 282 conducting the structural integrity reserve study;  
 283 providing that such professional or contractor may be  
 284 subject to discipline for his or her failure to  
 285 provide such written disclosure; requiring that a  
 286 structural integrity reserve study include a  
 287 recommendation for a reserve funding schedule based on  
 288 specified criteria; authorizing the study to recommend  
 289 other types of reserve funding schedules, provided  
 290 each recommended schedule is sufficient to meet the

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291 association's maintenance needs; requiring that  
 292 reserves not required for certain items be separately  
 293 identified in the structural integrity reserve study  
 294 as such; authorizing an association to delay a  
 295 required structural integrity reserve study for a  
 296 specified timeframe if it has completed a milestone  
 297 inspection or similar inspection, for a specified  
 298 purpose; requiring the division to adopt, by rule, the  
 299 form for the structural integrity reserve study in  
 300 coordination with the Florida Building Commission;  
 301 amending s. 719.503, F.S.; revising the disclosures  
 302 that must be included in a contract for the sale and  
 303 resale of an interest in a cooperative; reenacting s.  
 304 721.13(3)(e), F.S., relating to management, to  
 305 incorporate the amendment made to s. 718.111, F.S., in  
 306 a reference thereto; reenacting ss. 718.504(7)(a) and  
 307 (21)(c), and 718.618(1)(d), F.S., relating to  
 308 prospectus or offering circulars; and converter  
 309 reserve accounts and warranties, respectively, to  
 310 incorporate the amendment made to s. 718.112, F.S., in  
 311 references thereto; reenacting s. 718.501(1)(a) and  
 312 (v), F.S., relating to the authority, responsibility,  
 313 and duties of the Division of Florida Condominiums,  
 314 Timeshares, and Mobile Homes, to incorporate the  
 315 amendments made to ss. 718.111 and 718.112, F.S., in  
 316 references thereto; reenacting s. 718.706(1) and (3),  
 317 F.S., relating to specific provisions pertaining to  
 318 offering of units by bulk assignees or bulk buyers, to  
 319 incorporate the amendments made to ss. 718.111,

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320 718.112, and 718.503, F.S., in references thereto;  
 321 reenacting ss. 719.103(24), 719.501(1), and  
 322 719.504(7)(a) and (20)(c), F.S., relating to  
 323 definitions; powers and duties of the Division of  
 324 Florida Condominiums, Timeshares, and Mobile Homes;  
 325 and prospectus or offering circulars, respectively, to  
 326 incorporate the amendment made to s. 719.106, F.S., in  
 327 references thereto; providing an effective date.

328  
 329 Be It Enacted by the Legislature of the State of Florida:

330  
 331 Section 1. Subsection (13) of section 718.111, Florida  
 332 Statutes, is amended, subsection (16) is added to that section,  
 333 and paragraph (g) of subsection (12) of that section is  
 334 reenacted, to read:

335 718.111 The association.—

336 (12) OFFICIAL RECORDS.—

337 (g)1. By January 1, 2019, an association managing a  
 338 condominium with 150 or more units which does not contain  
 339 timeshare units shall post digital copies of the documents  
 340 specified in subparagraph 2. on its website or make such  
 341 documents available through an application that can be  
 342 downloaded on a mobile device.

343 a. The association's website or application must be:

344 (I) An independent website, application, or web portal  
 345 wholly owned and operated by the association; or

346 (II) A website, application, or web portal operated by a  
 347 third-party provider with whom the association owns, leases,  
 348 rents, or otherwise obtains the right to operate a web page,

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349 subpage, web portal, collection of subpages or web portals, or  
 350 an application which is dedicated to the association's  
 351 activities and on which required notices, records, and documents  
 352 may be posted or made available by the association.

353 b. The association's website or application must be  
 354 accessible through the Internet and must contain a subpage, web  
 355 portal, or other protected electronic location that is  
 356 inaccessible to the general public and accessible only to unit  
 357 owners and employees of the association.

358 c. Upon a unit owner's written request, the association  
 359 must provide the unit owner with a username and password and  
 360 access to the protected sections of the association's website or  
 361 application which contain any notices, records, or documents  
 362 that must be electronically provided.

363 2. A current copy of the following documents must be posted  
 364 in digital format on the association's website or application:

365 a. The recorded declaration of condominium of each  
 366 condominium operated by the association and each amendment to  
 367 each declaration.

368 b. The recorded bylaws of the association and each  
 369 amendment to the bylaws.

370 c. The articles of incorporation of the association, or  
 371 other documents creating the association, and each amendment to  
 372 the articles of incorporation or other documents. The copy  
 373 posted pursuant to this sub-subparagraph must be a copy of the  
 374 articles of incorporation filed with the Department of State.

375 d. The rules of the association.

376 e. A list of all executory contracts or documents to which  
 377 the association is a party or under which the association or the

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378 unit owners have an obligation or responsibility and, after  
 379 bidding for the related materials, equipment, or services has  
 380 closed, a list of bids received by the association within the  
 381 past year. Summaries of bids for materials, equipment, or  
 382 services which exceed \$500 must be maintained on the website or  
 383 application for 1 year. In lieu of summaries, complete copies of  
 384 the bids may be posted.

385 f. The annual budget required by s. 718.112(2)(f) and any  
 386 proposed budget to be considered at the annual meeting.

387 g. The financial report required by subsection (13) and any  
 388 monthly income or expense statement to be considered at a  
 389 meeting.

390 h. The certification of each director required by s.  
 391 718.112(2)(d)4.b.

392 i. All contracts or transactions between the association  
 393 and any director, officer, corporation, firm, or association  
 394 that is not an affiliated condominium association or any other  
 395 entity in which an association director is also a director or  
 396 officer and financially interested.

397 j. Any contract or document regarding a conflict of  
 398 interest or possible conflict of interest as provided in ss.  
 399 468.4335, 468.436(2)(b)6., and 718.3027(3).

400 k. The notice of any unit owner meeting and the agenda for  
 401 the meeting, as required by s. 718.112(2)(d)3., no later than 14  
 402 days before the meeting. The notice must be posted in plain view  
 403 on the front page of the website or application, or on a  
 404 separate subpage of the website or application labeled "Notices"  
 405 which is conspicuously visible and linked from the front page.

406 The association must also post on its website or application any

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407 document to be considered and voted on by the owners during the  
408 meeting or any document listed on the agenda at least 7 days  
409 before the meeting at which the document or the information  
410 within the document will be considered.

411 1. Notice of any board meeting, the agenda, and any other  
412 document required for the meeting as required by s.

413 718.112(2)(c), which must be posted no later than the date  
414 required for notice under s. 718.112(2)(c).

415 m. The inspection reports described in ss. 553.899 and  
416 718.301(4)(p) and any other inspection report relating to a  
417 structural or life safety inspection of condominium property.

418 n. The association's most recent structural integrity  
419 reserve study, if applicable.

420 o. Copies of all building permits issued for ongoing or  
421 planned construction.

422 3. The association shall ensure that the information and  
423 records described in paragraph (c), which are not allowed to be  
424 accessible to unit owners, are not posted on the association's  
425 website or application. If protected information or information  
426 restricted from being accessible to unit owners is included in  
427 documents that are required to be posted on the association's  
428 website or application, the association shall ensure the  
429 information is redacted before posting the documents.

430 Notwithstanding the foregoing, the association or its agent is  
431 not liable for disclosing information that is protected or  
432 restricted under this paragraph unless such disclosure was made  
433 with a knowing or intentional disregard of the protected or  
434 restricted nature of such information.

435 4. The failure of the association to post information

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436 required under subparagraph 2. is not in and of itself  
437 sufficient to invalidate any action or decision of the  
438 association's board or its committees.

439 (13) FINANCIAL REPORTING.—Within 90 days after the end of  
440 the fiscal year, or annually on a date provided in the bylaws,  
441 the association shall prepare and complete, or contract for the  
442 preparation and completion of, a financial report for the  
443 preceding fiscal year. Within 21 days after the final financial  
444 report is completed by the association or received from the  
445 third party, but not later than 120 days after the end of the  
446 fiscal year or other date as provided in the bylaws, the  
447 association shall deliver to each unit owner by United States  
448 mail or personal delivery at the mailing address, property  
449 address, e-mail address, or facsimile number provided to fulfill  
450 the association's notice requirements, a copy of the most recent  
451 financial report, and a notice that a copy of the most recent  
452 financial report will be, as requested by the owner, mailed, or  
453 hand delivered, or electronically delivered via the Internet to  
454 the unit owner, without charge, within 5 business days after  
455 receipt of a written request from the unit owner. The division  
456 shall adopt rules setting forth uniform accounting principles  
457 and standards to be used by all associations and addressing the  
458 financial reporting requirements for multicondominium  
459 associations. The rules must include, but not be limited to,  
460 standards for presenting a summary of association reserves,  
461 including a good faith estimate disclosing the annual amount of  
462 reserve funds that would be necessary for the association to  
463 fully fund reserves for each reserve item based on the straight-  
464 line accounting method. This disclosure is not applicable to

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465 reserves funded via the pooling method. In adopting such rules,  
 466 the division shall consider the number of members and annual  
 467 revenues of an association. Financial reports shall be prepared  
 468 as follows:

469 (a) An association that meets the criteria of this  
 470 paragraph shall prepare a complete set of financial statements  
 471 in accordance with generally accepted accounting principles. The  
 472 financial statements must be based upon the association's total  
 473 annual revenues, as follows:

474 1. An association with total annual revenues of \$150,000 or  
 475 more, but less than \$300,000, shall prepare compiled financial  
 476 statements.

477 2. An association with total annual revenues of at least  
 478 \$300,000, but less than \$500,000, shall prepare reviewed  
 479 financial statements.

480 3. An association with total annual revenues of \$500,000 or  
 481 more shall prepare audited financial statements.

482 (b)1. An association with total annual revenues of less  
 483 than \$150,000 shall prepare a report of cash receipts and  
 484 expenditures.

485 2. A report of cash receipts and disbursements must  
 486 disclose the amount of receipts by accounts and receipt  
 487 classifications and the amount of expenses by accounts and  
 488 expense classifications, including, but not limited to, the  
 489 following, as applicable: costs for security, professional and  
 490 management fees and expenses, taxes, costs for recreation  
 491 facilities, expenses for refuse collection and utility services,  
 492 expenses for lawn care, costs for building maintenance and  
 493 repair, insurance costs, administration and salary expenses, and

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494 reserves accumulated and expended for capital expenditures,  
 495 deferred maintenance, and any other category for which the  
 496 association maintains reserves.

497 (c) An association may prepare, without a meeting of or  
 498 approval by the unit owners:

499 1. Compiled, reviewed, or audited financial statements, if  
 500 the association is required to prepare a report of cash receipts  
 501 and expenditures;

502 2. Reviewed or audited financial statements, if the  
 503 association is required to prepare compiled financial  
 504 statements; or

505 3. Audited financial statements if the association is  
 506 required to prepare reviewed financial statements.

507 (d) If approved by a majority of the voting interests  
 508 present at a properly called meeting of the association, an  
 509 association may prepare:

510 1. A report of cash receipts and expenditures in lieu of a  
 511 compiled, reviewed, or audited financial statement;

512 2. A report of cash receipts and expenditures or a compiled  
 513 financial statement in lieu of a reviewed or audited financial  
 514 statement; or

515 3. A report of cash receipts and expenditures, a compiled  
 516 financial statement, or a reviewed financial statement in lieu  
 517 of an audited financial statement.

518  
 519 Such meeting and approval must occur before the end of the  
 520 fiscal year and is effective only for the fiscal year in which  
 521 the vote is taken. An association may not prepare a financial  
 522 report pursuant to this paragraph for consecutive fiscal years.

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523 If the developer has not turned over control of the association,  
 524 all unit owners, including the developer, may vote on issues  
 525 related to the preparation of the association's financial  
 526 reports, from the date of incorporation of the association  
 527 through the end of the second fiscal year after the fiscal year  
 528 in which the certificate of a surveyor and mapper is recorded  
 529 pursuant to s. 718.104(4)(e) or an instrument that transfers  
 530 title to a unit in the condominium which is not accompanied by a  
 531 recorded assignment of developer rights in favor of the grantee  
 532 of such unit is recorded, whichever occurs first. Thereafter,  
 533 all unit owners except the developer may vote on such issues  
 534 until control is turned over to the association by the  
 535 developer. Any audit or review prepared under this section shall  
 536 be paid for by the developer if done before turnover of control  
 537 of the association.

538 (e) A unit owner may provide written notice to the division  
 539 of the association's failure to mail or hand deliver him or her  
 540 a copy of the most recent financial report within 5 business  
 541 days after he or she submitted a written request to the  
 542 association for a copy of such report. If the division  
 543 determines that the association failed to mail or hand deliver a  
 544 copy of the most recent financial report to the unit owner, the  
 545 division shall provide written notice to the association that  
 546 the association must mail or hand deliver a copy of the most  
 547 recent financial report to the unit owner and the division  
 548 within 5 business days after it receives such notice from the  
 549 division. An association that fails to comply with the  
 550 division's request may not waive the financial reporting  
 551 requirement provided in paragraph (d) for the fiscal year in

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552 which the unit owner's request was made and the following fiscal  
 553 year. A financial report received by the division pursuant to  
 554 this paragraph shall be maintained, and the division shall  
 555 provide a copy of such report to an association member upon his  
 556 or her request.

557 (16) INVESTMENT OF ASSOCIATION FUNDS.-

558 (a) A board shall, in fulfilling its duty to manage  
 559 operating and reserve funds of an association, use best efforts  
 560 to make prudent investment decisions that carefully consider  
 561 risk and return in an effort to maximize returns on invested  
 562 funds.

563 (b) An association, including a multicondominium  
 564 association, may invest reserve funds in one or any combination  
 565 of depository accounts at a community bank, savings bank,  
 566 commercial bank, savings and loan association, or credit union  
 567 if the respective account balance at any institution does not  
 568 exceed the amount of deposit insurance per account provided by  
 569 any agency of the Federal Government or as otherwise available.  
 570 Notwithstanding any declaration, only funds identified as  
 571 reserve funds may be invested pursuant to this subsection.

572 (c) The board shall create an investment committee composed  
 573 of at least two board members and two-unit unit owners who are  
 574 not board members. The board shall also adopt rules for invested  
 575 funds, including, but not limited to, rules requiring periodic  
 576 reviews of any investment manager's performance, the development  
 577 of an investment policy statement, and that all meetings of the  
 578 investment committee be recorded and made part of the official  
 579 records of the association. The investment policy statement  
 580 developed pursuant to this paragraph must, at a minimum, address

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581 risk, liquidity, and benchmark measurements; authorized classes  
 582 of investments; authorized investment mixes; limitations on  
 583 authority relating to investment transactions; requirements for  
 584 projected reserve expenditures within, at minimum, the next 24  
 585 months to be held in cash or cash equivalents; projected  
 586 expenditures relating to a mandatory structural inspection  
 587 performed pursuant to s. 553.899; and protocols for proxy  
 588 response.

589 (d) The investment committee shall recommend investment  
 590 advisers to the board, and the board shall select one of the  
 591 recommended investment advisers to provide services to the  
 592 association. Such investment advisers must be registered or have  
 593 notice filed under s. 517.12. The selected investment adviser  
 594 and any representative or association of the investment adviser  
 595 may not be related by affinity or consanguinity to, or under  
 596 common ownership with, any board member, community management  
 597 company, reserve study provider, or unit owner. The investment  
 598 adviser shall comply with the prudent investor rule in s.  
 599 518.11. The investment adviser shall act as a fiduciary to the  
 600 association in compliance with the standards set forth in the  
 601 Employee Retirement Income Security Act of 1974 at 29 U.S.C. s.  
 602 1104(a) (1) (A)-(C). In case of conflict with other laws  
 603 authorizing investments, the investment and fiduciary standards  
 604 set forth in this subsection must prevail. If at any time the  
 605 investment committee determines that an investment adviser does  
 606 not meet the requirements of this section, the investment  
 607 committee must recommend a replacement investment adviser to the  
 608 board.

609 (e) At least once each calendar year, or sooner if a

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610 substantial financial obligation of the association becomes  
 611 known to the board, the association must provide the investment  
 612 adviser with the association's investment policy statement, the  
 613 most recent reserve study report, the association's structural  
 614 integrity report, and the financial reports prepared pursuant to  
 615 subsection (13). If there is no recent reserve study report, the  
 616 association must provide the investment adviser with a good  
 617 faith estimate disclosing the annual amount of reserve funds  
 618 necessary for the association to fund reserves fully for the  
 619 life of each reserve component and each component's  
 620 redundancies. The investment adviser shall annually review these  
 621 documents and provide the association with a portfolio  
 622 allocation model that is suitably structured and prudently  
 623 designed to match projected annual reserve fund requirements and  
 624 liability, assets, and liquidity requirements. The investment  
 625 adviser shall prepare a funding projection for each reserve  
 626 component, including any of the component's redundancies. The  
 627 association must have available at all times a minimum of 24  
 628 months of projected reserves in cash or cash equivalents.

629 (f) Portfolios managed by the investment adviser may  
 630 contain any type of investment necessary to meet the objectives  
 631 in the investment policy statement; however, portfolios may not  
 632 contain stocks, securities, or other obligations that the State  
 633 Board of Administration is prohibited from investing in under s.  
 634 215.471, s. 215.4725, or s. 215.473 or that state agencies are  
 635 prohibited from investing in under s. 215.472, as determined by  
 636 the investment adviser. Any funds invested by the investment  
 637 adviser must be held in third-party custodial accounts that are  
 638 subject to insurance coverage by the Securities Investor

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639 Protection Corporation in an amount equal to or greater than the  
 640 invested amount. The investment adviser may withdraw investment  
 641 fees, expenses, and commissions from invested funds.

642 (g) The investment adviser shall:

643 1. Annually provide the association with a written  
 644 certification of compliance with this section and a list of  
 645 stocks, securities, and other obligations that are prohibited  
 646 from being in association portfolios under paragraph (f); and

647 2. Submit monthly, quarterly, and annual reports to the  
 648 association which are prepared in accordance with established  
 649 financial industry standards and in accordance with chapter 517.

650 (h) Any principal, earnings, or interest managed under this  
 651 subsection must be available at no cost or charge to the  
 652 association within 15 business days after delivery of the  
 653 association's written or electronic request.

654 (i) Unallocated income earned on reserve fund investments  
 655 must be spent only on capital expenditures, planned maintenance,  
 656 structural repairs, or other items for which the reserve  
 657 accounts have been established. Any surplus of funds which  
 658 exceeds the amount required to maintain reasonably funded  
 659 reserves must be managed pursuant to s. 718.115.

660 Section 2. Paragraphs (f) and (g) of subsection (2) of  
 661 section 718.112, Florida Statutes, are amended, and paragraph  
 662 (b) of that subsection is reenacted, to read:

663 718.112 Bylaws.—

664 (2) REQUIRED PROVISIONS.—The bylaws shall provide for the  
 665 following and, if they do not do so, shall be deemed to include  
 666 the following:

667 (b) *Quorum; voting requirements; proxies.*—

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668 1. Unless a lower number is provided in the bylaws, the  
 669 percentage of voting interests required to constitute a quorum  
 670 at a meeting of the members is a majority of the voting  
 671 interests. Unless otherwise provided in this chapter or in the  
 672 declaration, articles of incorporation, or bylaws, and except as  
 673 provided in subparagraph (d)4., decisions shall be made by a  
 674 majority of the voting interests represented at a meeting at  
 675 which a quorum is present.

676 2. Except as specifically otherwise provided herein, unit  
 677 owners in a residential condominium may not vote by general  
 678 proxy, but may vote by limited proxies substantially conforming  
 679 to a limited proxy form adopted by the division. A voting  
 680 interest or consent right allocated to a unit owned by the  
 681 association may not be exercised or considered for any purpose,  
 682 whether for a quorum, an election, or otherwise. Limited proxies  
 683 and general proxies may be used to establish a quorum. Limited  
 684 proxies shall be used for votes taken to waive or reduce  
 685 reserves in accordance with subparagraph (f)2.; for votes taken  
 686 to waive the financial reporting requirements of s. 718.111(13);  
 687 for votes taken to amend the declaration pursuant to s. 718.110;  
 688 for votes taken to amend the articles of incorporation or bylaws  
 689 pursuant to this section; and for any other matter for which  
 690 this chapter requires or permits a vote of the unit owners.  
 691 Except as provided in paragraph (d), a proxy, limited or  
 692 general, may not be used in the election of board members in a  
 693 residential condominium. General proxies may be used for other  
 694 matters for which limited proxies are not required, and may be  
 695 used in voting for nonsubstantive changes to items for which a  
 696 limited proxy is required and given. Notwithstanding this

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697 subparagraph, unit owners may vote in person at unit owner  
698 meetings. This subparagraph does not limit the use of general  
699 proxies or require the use of limited proxies for any agenda  
700 item or election at any meeting of a timeshare condominium  
701 association or a nonresidential condominium association.

702 3. A proxy given is effective only for the specific meeting  
703 for which originally given and any lawfully adjourned meetings  
704 thereof. A proxy is not valid longer than 90 days after the date  
705 of the first meeting for which it was given. Each proxy is  
706 revocable at any time at the pleasure of the unit owner  
707 executing it.

708 4. A member of the board of administration or a committee  
709 may submit in writing his or her agreement or disagreement with  
710 any action taken at a meeting that the member did not attend.  
711 This agreement or disagreement may not be used as a vote for or  
712 against the action taken or to create a quorum.

713 5. A board or committee member's participation in a meeting  
714 via telephone, real-time videoconferencing, or similar real-time  
715 electronic or video communication counts toward a quorum, and  
716 such member may vote as if physically present. A speaker must be  
717 used so that the conversation of such members may be heard by  
718 the board or committee members attending in person as well as by  
719 any unit owners present at a meeting.

720 (f) *Annual budget.*—

721 1. The proposed annual budget of estimated revenues and  
722 expenses must be detailed and must show the amounts budgeted by  
723 accounts and expense classifications, including, at a minimum,  
724 any applicable expenses listed in s. 718.504(21). The board  
725 shall adopt the annual budget at least 14 days before the start

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726 of the association's fiscal year. In the event that the board  
727 fails to timely adopt the annual budget a second time, it is  
728 deemed a minor violation and the prior year's budget shall  
729 continue in effect until a new budget is adopted. A  
730 multicondominium association must adopt a separate budget of  
731 common expenses for each condominium the association operates  
732 and must adopt a separate budget of common expenses for the  
733 association. In addition, if the association maintains limited  
734 common elements with the cost to be shared only by those  
735 entitled to use the limited common elements as provided for in  
736 s. 718.113(1), the budget or a schedule attached to it must show  
737 the amount budgeted for this maintenance. If, after turnover of  
738 control of the association to the unit owners, any of the  
739 expenses listed in s. 718.504(21) are not applicable, they do  
740 not need to be listed.

741 2.a. In addition to annual operating expenses, the budget  
742 must include reserve accounts for capital expenditures and  
743 deferred maintenance. These accounts must include, but are not  
744 limited to, roof replacement, building painting, and pavement  
745 resurfacing, regardless of the amount of deferred maintenance  
746 expense or replacement cost, and any other item that has a  
747 deferred maintenance expense or replacement cost that exceeds  
748 \$10,000. The amount to be reserved must be computed using a  
749 formula based upon estimated remaining useful life and estimated  
750 replacement cost or deferred maintenance expense of the reserve  
751 item. In a budget adopted by an association that is required to  
752 obtain a structural integrity reserve study, reserves must be  
753 maintained for the items identified in paragraph (g) for which  
754 the association is responsible pursuant to the declaration of

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755 condominium, and the reserve amount for such items must be based  
 756 on the findings and recommendations of the association's most  
 757 recent structural integrity reserve study. With respect to items  
 758 for which an estimate of useful life is not readily  
 759 ascertainable or with an estimated remaining useful life of  
 760 greater than 25 years, an association is not required to reserve  
 761 replacement costs for such items, but an association must  
 762 reserve the amount of deferred maintenance expense, if any,  
 763 which is recommended by the structural integrity reserve study  
 764 for such items. The association may adjust replacement reserve  
 765 assessments annually to take into account an inflation  
 766 adjustment and any changes in estimates or extension of the  
 767 useful life of a reserve item caused by deferred maintenance.

768 b. The members of a unit-owner-controlled association may  
 769 determine, by a majority vote of the total voting interests of  
 770 the association, to provide no reserves or less reserves than  
 771 required by this subsection. For a budget adopted on or after  
 772 December 31, 2024, the members of a unit-owner-controlled  
 773 association that must obtain a structural integrity reserve  
 774 study may not determine to provide no reserves or less reserves  
 775 than required by this subsection for items listed in paragraph  
 776 (g), except that members of an association operating a  
 777 multicondominium may determine to provide no reserves or less  
 778 reserves than required by this subsection if an alternative  
 779 funding method has been approved by the division.

780 c. For a budget adopted on or before December 31, 2028, a  
 781 unit-owner-controlled association that must have a structural  
 782 reserve study may secure a line of credit in lieu of maintaining  
 783 reserves for all or a portion of the reserves required under

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784 this paragraph upon a majority vote of the total voting  
 785 interests of the association. The line of credit must be  
 786 sufficient to meet the association's deferred maintenance  
 787 obligation not funded in the association's reserve account for  
 788 each budget. Funding from the line of credit must be immediately  
 789 available for access by the board to fund required repair,  
 790 maintenance, or replacement expenses without further approval by  
 791 the members of the association. A line of credit secured under  
 792 this sub-subparagraph must be included in the financial report  
 793 required under s. 718.111(13).

794 d. If the local building official, as defined in s.  
 795 468.603, determines that the entire condominium building is  
 796 uninhabitable due to a natural emergency, as defined in s.  
 797 252.34, the board, ~~upon the approval of a majority of its~~  
 798 ~~members,~~ may pause the contribution to its reserves or reduce  
 799 reserve funding until the local building official determines  
 800 that the condominium building is habitable. Any reserve account  
 801 funds held by the association may be expended, pursuant to the  
 802 board's determination, to make the condominium building and its  
 803 structures habitable. Upon the determination by the local  
 804 building official that the condominium building is habitable,  
 805 the association must immediately resume contributing funds to  
 806 its reserves.

807 e. For a budget adopted on or before December 31, 2028, if  
 808 the association has completed a milestone inspection pursuant to  
 809 s. 553.899 within the previous 2 calendar years, the board, upon  
 810 the approval of a majority of the total voting interests of the  
 811 association, may temporarily pause reserve fund contributions or  
 812 reduce the amount of reserve funding for the purpose of funding

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813 repairs recommended by the milestone inspection. This sub-  
 814 subparagraph does not apply to a developer-controlled  
 815 association and an association in which the non-developer unit  
 816 owners have been in control for less than 1 year. An association  
 817 that has paused reserve contributions under this subparagraph  
 818 must have a structural integrity reserve study performed before  
 819 the continuation of reserve contributions in order to determine  
 820 the association's reserve funding needs and to recommend a  
 821 reserve funding plan.

822 ~~f.b.~~ Before turnover of control of an association by a  
 823 developer to unit owners other than a developer under s.  
 824 718.301, the developer-controlled association may not vote to  
 825 waive the reserves or reduce funding of the reserves. If a  
 826 meeting of the unit owners has been called to determine whether  
 827 to waive or reduce the funding of reserves and no such result is  
 828 achieved or a quorum is not attained, the reserves included in  
 829 the budget shall go into effect. After the turnover, the  
 830 developer may vote its voting interest to waive or reduce the  
 831 funding of reserves.

832 3. Reserve funds and any interest accruing thereon shall  
 833 remain in the reserve account or accounts, and may be used only  
 834 for authorized reserve expenditures unless their use for other  
 835 purposes is approved in advance by a majority vote of all the  
 836 total voting interests of the association. Before turnover of  
 837 control of an association by a developer to unit owners other  
 838 than the developer pursuant to s. 718.301, the developer-  
 839 controlled association may not vote to use reserves for purposes  
 840 other than those for which they were intended. For a budget  
 841 adopted on or after December 31, 2024, members of a unit-owner-

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842 controlled association that must obtain a structural integrity  
 843 reserve study may not vote to use reserve funds, or any interest  
 844 accruing thereon, for any other purpose other than the  
 845 replacement or deferred maintenance costs of the components  
 846 listed in paragraph (g). A vote of the members is not required  
 847 for the board to change the accounting method for reserves to a  
 848 pooling accounting method or a straight-line accounting method.

849 4. The only voting interests that are eligible to vote on  
 850 questions that involve waiving or reducing the funding of  
 851 reserves, or using existing reserve funds for purposes other  
 852 than purposes for which the reserves were intended, are the  
 853 voting interests of the units subject to assessment to fund the  
 854 reserves in question. Proxy questions relating to waiving or  
 855 reducing the funding of reserves or using existing reserve funds  
 856 for purposes other than purposes for which the reserves were  
 857 intended must contain the following statement in capitalized,  
 858 bold letters in a font size larger than any other used on the  
 859 face of the proxy ballot: WAIVING OF RESERVES, IN WHOLE OR IN  
 860 PART, OR ALLOWING ALTERNATIVE USES OF EXISTING RESERVES MAY  
 861 RESULT IN UNIT OWNER LIABILITY FOR PAYMENT OF UNANTICIPATED  
 862 SPECIAL ASSESSMENTS REGARDING THOSE ITEMS.

863 (g) *Structural integrity reserve study.*—

864 1. A residential condominium association must have a  
 865 structural integrity reserve study completed at least every 10  
 866 years after the condominium's creation for each building on the  
 867 condominium property that is three stories or higher in height,  
 868 as determined by the Florida Building Code, which includes, at a  
 869 minimum, a study of the following items as related to the  
 870 structural integrity and safety of the building:

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871 a. Roof.

872 b. Structure, including load-bearing walls and other

873 primary structural members and primary structural systems as

874 those terms are defined in s. 627.706.

875 c. Fireproofing and fire protection systems.

876 d. Plumbing.

877 e. Electrical systems.

878 f. Waterproofing and exterior painting.

879 g. Windows and exterior doors.

880 h. Any other item that has a deferred maintenance expense

881 or replacement cost that exceeds \$10,000 and the failure to

882 replace or maintain such item negatively affects the items

883 listed in sub-subparagraphs a.-g., as determined by the visual

884 inspection portion of the structural integrity reserve study.

885 2. A structural integrity reserve study is based on a

886 visual inspection of the condominium property.

887 3.a. A structural integrity reserve study may be performed

888 by any person qualified to perform such study. However, the

889 visual inspection portion of the structural integrity reserve

890 study must be performed or verified by an engineer licensed

891 under chapter 471, an architect licensed under chapter 481, or a

892 person certified as a reserve specialist or professional reserve

893 analyst by the Community Associations Institute or the

894 Association of Professional Reserve Analysts.

895 b. Any design professional as defined in s. 558.002 or

896 contractor licensed under chapter 489 who bids to perform a

897 structural integrity reserve study must disclose in writing to

898 the association his or her intent to bid on any services related

899 to any maintenance, repair, or replacement that may be

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900 recommended by the structural integrity reserve study. Any

901 design professional as defined in s. 558.002 or contractor

902 licensed under chapter 489 who submits a bid to the association

903 for performing any services recommended by the structural

904 integrity reserve study may not have an interest, directly or

905 indirectly, in the firm or entity providing the association's

906 structural integrity reserve study or be a relative of any

907 person having a direct or indirect interest in such firm, unless

908 such relationship is disclosed to the association in writing. As

909 used in this section, the term "relative" means a relative

910 within the third degree of consanguinity by blood or marriage. A

911 contract for services is voidable and terminates upon the

912 association filing a written notice terminating the contract if

913 the design professional or licensed contractor failed to provide

914 the written disclosure of the interests or relationships

915 required under this paragraph. A design professional or licensed

916 contractor may be subject to discipline under the applicable

917 practice act for his or her profession for failure to provide

918 the written disclosure of the interests or relationships

919 required under this paragraph.

920 ~~4.a.3.~~ At a minimum, a structural integrity reserve study

921 must identify each item of the condominium property being

922 visually inspected, state the estimated remaining useful life

923 and the estimated replacement cost or deferred maintenance

924 expense of each item of the condominium property being visually

925 inspected, and provide a reserve funding plan or schedule with a

926 recommended annual reserve amount that achieves the estimated

927 replacement cost or deferred maintenance expense of each item of

928 condominium property being visually inspected by the end of the

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929 estimated remaining useful life of the item. At a minimum, the  
 930 structural integrity reserve study must include a recommendation  
 931 for a reserve funding schedule based on a baseline funding plan  
 932 that provides a reserve funding goal in which the expenditures  
 933 for each budget year for deferred maintenance, repair, and  
 934 replacement of reserve items are sufficient to maintain the  
 935 reserve cash balance above zero. The study may recommend other  
 936 types of reserve funding schedules, provided that each  
 937 recommended schedule is sufficient to meet the association's  
 938 maintenance obligation.

939 b. The structural integrity reserve study may recommend  
 940 that reserves do not need to be maintained for any item for  
 941 which an estimate of useful life and an estimate of replacement  
 942 cost cannot be determined, or the study may recommend a deferred  
 943 maintenance expense amount for such item. The structural  
 944 integrity reserve study may recommend that reserves for  
 945 replacement costs do not need to be maintained for any item with  
 946 an estimated remaining useful life of greater than 25 years, but  
 947 the study may recommend a deferred maintenance expense amount  
 948 for such item. If the structural integrity reserve study  
 949 recommends reserves for any item for which reserves are not  
 950 required under this paragraph, the amount of the recommended  
 951 reserves for such item must be separately identified in the  
 952 structural integrity reserve study as an item for which reserves  
 953 are not required under this paragraph.

954 5.4- This paragraph does not apply to buildings less than  
 955 three stories in height; single-family, two-family, or three-  
 956 family dwellings with three or fewer habitable stories above  
 957 ground; any portion or component of a building that has not been

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958 submitted to the condominium form of ownership; or any portion  
 959 or component of a building that is maintained by a party other  
 960 than the association.  
 961 6.5- Before a developer turns over control of an  
 962 association to unit owners other than the developer, the  
 963 developer must have a turnover inspection report in compliance  
 964 with s. 718.301(4)(p) and (q) for each building on the  
 965 condominium property that is three stories or higher in height.  
 966 7.6- Associations existing on or before July 1, 2022, which  
 967 are controlled by unit owners other than the developer, must  
 968 have a structural integrity reserve study completed by December  
 969 31, 2025 ~~2024~~, for each building on the condominium property  
 970 that is three stories or higher in height. An association that  
 971 is required to complete a milestone inspection in accordance  
 972 with s. 553.899 on or before December 31, 2026, may complete the  
 973 structural integrity reserve study simultaneously with the  
 974 milestone inspection. In no event may the structural integrity  
 975 reserve study be completed after December 31, 2026.  
 976 8.7- If the milestone inspection required by s. 553.899, or  
 977 an inspection completed for a similar local requirement, was  
 978 performed within the past 5 years and meets the requirements of  
 979 this paragraph, such inspection may be used in place of the  
 980 visual inspection portion of the structural integrity reserve  
 981 study.  
 982 9. If the association completes a milestone inspection  
 983 required by s. 553.899, or an inspection completed for a similar  
 984 local requirement, the association may delay performance of a  
 985 required structural integrity reserve study for no more than 2  
 986 budget years to permit the association to focus its financial

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987 resources on the completing the repair and maintenance  
 988 recommendations of the milestone inspection.

989 ~~10.9-~~ If the officers or directors of an association  
 990 willfully and knowingly fail to complete a structural integrity  
 991 reserve study pursuant to this paragraph, such failure is a  
 992 breach of an officer's and director's fiduciary relationship to  
 993 the unit owners under s. 718.111(1).

994 ~~11.9-~~ Within 45 days after receiving the structural  
 995 integrity reserve study, the association must distribute a copy  
 996 of the study to each unit owner or deliver to each unit owner a  
 997 notice that the completed study is available for inspection and  
 998 copying upon a written request. Distribution of a copy of the  
 999 study or notice must be made by United States mail or personal  
 1000 delivery to the mailing address, property address, or any other  
 1001 address of the owner provided to fulfill the association's  
 1002 notice requirements under this chapter, or by electronic  
 1003 transmission to the e-mail address or facsimile number provided  
 1004 to fulfill the association's notice requirements to unit owners  
 1005 who previously consented to receive notice by electronic  
 1006 transmission.

1007 ~~12.10-~~ Within 45 days after receiving the structural  
 1008 integrity reserve study, the association must provide the  
 1009 division with a statement indicating that the study was  
 1010 completed and that the association provided or made available  
 1011 such study to each unit owner in accordance with this section.  
 1012 The statement must be provided to the division in the manner  
 1013 established by the division using a form posted on the  
 1014 division's website.

1015 13. The division shall adopt by rule the form for the

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1016 structural integrity reserve study in coordination with the  
 1017 Florida Building Commission.

1018 Section 3. Paragraphs (d) and (e) of subsection (2) of  
 1019 section 718.503, Florida Statutes, are amended, and paragraph  
 1020 (d) of subsection (1) of that section is reenacted, to read:

1021 718.503 Developer disclosure prior to sale; nondeveloper  
 1022 unit owner disclosure prior to sale; voidability.—

1023 (1) DEVELOPER DISCLOSURE.—

1024 (d) *Milestone inspection, turnover inspection report, or*  
 1025 *structural integrity reserve study.*—If the association is  
 1026 required to have completed a milestone inspection as described  
 1027 in s. 553.899, a turnover inspection report for a turnover  
 1028 inspection performed on or after July 1, 2023, or a structural  
 1029 integrity reserve study, and the association has not completed  
 1030 the milestone inspection, the turnover inspection report, or the  
 1031 structural integrity reserve study, each contract entered into  
 1032 after December 31, 2024, for the sale of a residential unit  
 1033 shall contain in conspicuous type a statement indicating that  
 1034 the association is required to have a milestone inspection, a  
 1035 turnover inspection report, or a structural integrity reserve  
 1036 study and has not completed such inspection, report, or study,  
 1037 as appropriate. If the association is not required to have a  
 1038 milestone inspection as described in s. 553.899 or a structural  
 1039 integrity reserve study, each contract entered into after  
 1040 December 31, 2024, for the sale of a residential unit shall  
 1041 contain in conspicuous type a statement indicating that the  
 1042 association is not required to have a milestone inspection or a  
 1043 structural integrity reserve study, as appropriate. If the  
 1044 association has completed a milestone inspection as described in

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1045 s. 553.899, a turnover inspection report for a turnover  
 1046 inspection performed on or after July 1, 2023, or a structural  
 1047 integrity reserve study, each contract entered into after  
 1048 December 31, 2024, for the sale of a residential unit shall  
 1049 contain in conspicuous type:

1050 1. A clause which states: THE BUYER HEREBY ACKNOWLEDGES  
 1051 THAT BUYER HAS BEEN PROVIDED A CURRENT COPY OF THE INSPECTOR-  
 1052 PREPARED SUMMARY OF THE MILESTONE INSPECTION REPORT AS DESCRIBED  
 1053 IN SECTION 553.899, FLORIDA STATUTES, IF APPLICABLE; A COPY OF  
 1054 THE TURNOVER INSPECTION REPORT DESCRIBED IN SECTION  
 1055 718.301(4) (p) AND (q), FLORIDA STATUTES, IF APPLICABLE; AND A  
 1056 COPY OF THE ASSOCIATION'S MOST RECENT STRUCTURAL INTEGRITY  
 1057 RESERVE STUDY DESCRIBED IN SECTIONS 718.103(26) AND  
 1058 718.112(2) (g), FLORIDA STATUTES, IF APPLICABLE, MORE THAN 15  
 1059 DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS, PRIOR TO  
 1060 EXECUTION OF THIS CONTRACT; and

1061 2. A clause which states: THIS AGREEMENT IS VOIDABLE BY  
 1062 BUYER BY DELIVERING WRITTEN NOTICE OF THE BUYER'S INTENTION TO  
 1063 CANCEL WITHIN 15 DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL  
 1064 HOLIDAYS, AFTER THE DATE OF EXECUTION OF THIS AGREEMENT BY THE  
 1065 BUYER AND RECEIPT BY BUYER OF A CURRENT COPY OF THE INSPECTOR-  
 1066 PREPARED SUMMARY OF THE MILESTONE INSPECTION REPORT AS DESCRIBED  
 1067 IN SECTION 553.899, FLORIDA STATUTES, IF APPLICABLE; A COPY OF  
 1068 THE TURNOVER INSPECTION REPORT DESCRIBED IN SECTION  
 1069 718.301(4) (p) AND (q), FLORIDA STATUTES, IF APPLICABLE; AND A  
 1070 COPY OF THE ASSOCIATION'S MOST RECENT STRUCTURAL INTEGRITY  
 1071 RESERVE STUDY DESCRIBED IN SECTIONS 718.103(26) AND  
 1072 718.112(2) (g), FLORIDA STATUTES, IF APPLICABLE. ANY PURPORTED  
 1073 WAIVER OF THESE VOIDABILITY RIGHTS SHALL BE OF NO EFFECT. BUYER

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1074 MAY EXTEND THE TIME FOR CLOSING FOR A PERIOD OF NOT MORE THAN 15  
 1075 DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS, AFTER  
 1076 THE BUYER RECEIVES A CURRENT COPY OF THE INSPECTOR-PREPARED  
 1077 SUMMARY OF THE MILESTONE INSPECTION REPORT AS DESCRIBED IN  
 1078 SECTION 553.899, FLORIDA STATUTES; A COPY OF THE TURNOVER  
 1079 INSPECTION REPORT DESCRIBED IN SECTION 718.301(4) (p) AND (q),  
 1080 FLORIDA STATUTES; OR A COPY OF THE ASSOCIATION'S MOST RECENT  
 1081 STRUCTURAL INTEGRITY RESERVE STUDY DESCRIBED IN SECTIONS  
 1082 718.103(26) AND 718.112(2) (g), FLORIDA STATUTES, IF REQUESTED IN  
 1083 WRITING. BUYER'S RIGHT TO VOID THIS AGREEMENT SHALL TERMINATE AT  
 1084 CLOSING.

1085  
 1086 A contract that does not conform to the requirements of this  
 1087 paragraph is voidable at the option of the purchaser prior to  
 1088 closing.

1089 (2) NONDEVELOPER DISCLOSURE.-

1090 (d) Each contract entered into after July 1, 1992, for the  
 1091 resale of a residential unit must ~~shall~~ contain in conspicuous  
 1092 type either:

1093 1. A clause which states: THE BUYER HEREBY ACKNOWLEDGES  
 1094 THAT BUYER HAS BEEN PROVIDED A CURRENT COPY OF THE DECLARATION  
 1095 OF CONDOMINIUM, ARTICLES OF INCORPORATION OF THE ASSOCIATION,  
 1096 BYLAWS AND RULES OF THE ASSOCIATION, A COPY OF THE MOST RECENT  
 1097 ANNUAL FINANCIAL STATEMENT AND ANNUAL BUDGET, AND FREQUENTLY  
 1098 ASKED QUESTIONS AND ANSWERS DOCUMENT MORE THAN 15 ~~3~~ DAYS,  
 1099 EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS, PRIOR TO  
 1100 EXECUTION OF THIS CONTRACT; or

1101 2. A clause which states: THIS AGREEMENT IS VOIDABLE BY  
 1102 BUYER BY DELIVERING WRITTEN NOTICE OF THE BUYER'S INTENTION TO

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1103 CANCEL WITHIN 15 3 DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL  
 1104 HOLIDAYS, AFTER THE DATE OF EXECUTION OF THIS AGREEMENT BY THE  
 1105 BUYER AND RECEIPT BY BUYER OF A CURRENT COPY OF THE DECLARATION  
 1106 OF CONDOMINIUM, ARTICLES OF INCORPORATION, BYLAWS AND RULES OF  
 1107 THE ASSOCIATION, A COPY OF THE MOST RECENT ANNUAL FINANCIAL  
 1108 STATEMENT AND ANNUAL BUDGET, AND FREQUENTLY ASKED QUESTIONS AND  
 1109 ANSWERS DOCUMENT IF SO REQUESTED IN WRITING. ANY PURPORTED  
 1110 WAIVER OF THESE VOIDABILITY RIGHTS SHALL BE OF NO EFFECT. BUYER  
 1111 MAY EXTEND THE TIME FOR CLOSING FOR A PERIOD OF NOT MORE THAN 15  
 1112 3 DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS, AFTER  
 1113 THE BUYER RECEIVES THE DECLARATION, ARTICLES OF INCORPORATION,  
 1114 BYLAWS AND RULES OF THE ASSOCIATION, AND A COPY OF THE MOST  
 1115 RECENT YEAR-END FINANCIAL STATEMENT AND ANNUAL BUDGET  
 1116 ~~INFORMATION~~ AND FREQUENTLY ASKED QUESTIONS AND ANSWERS DOCUMENT  
 1117 IF REQUESTED IN WRITING. BUYER'S RIGHT TO VOID THIS AGREEMENT  
 1118 SHALL TERMINATE AT CLOSING.

1119  
 1120 A contract that does not conform to the requirements of this  
 1121 paragraph is voidable at the option of the purchaser prior to  
 1122 closing.

1123 (e) If the association is required to have completed a  
 1124 milestone inspection as described in s. 553.899, a turnover  
 1125 inspection report for a turnover inspection performed on or  
 1126 after July 1, 2023, or a structural integrity reserve study, and  
 1127 the association has not completed the milestone inspection, the  
 1128 turnover inspection report, or the structural integrity reserve  
 1129 study, each contract entered into after December 31, 2024, for  
 1130 the sale of a residential unit shall contain in conspicuous type  
 1131 a statement indicating that the association is required to have

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1132 a milestone inspection, a turnover inspection report, or a  
 1133 structural integrity reserve study and has not completed such  
 1134 inspection, report, or study, as appropriate. If the association  
 1135 is not required to have a milestone inspection as described in  
 1136 s. 553.899 or a structural integrity reserve study, each  
 1137 contract entered into after December 31, 2024, for the sale of a  
 1138 residential unit shall contain in conspicuous type a statement  
 1139 indicating that the association is not required to have a  
 1140 milestone inspection or a structural integrity reserve study, as  
 1141 appropriate. If the association has completed a milestone  
 1142 inspection as described in s. 553.899, a turnover inspection  
 1143 report for a turnover inspection performed on or after July 1,  
 1144 2023, or a structural integrity reserve study, each contract  
 1145 entered into after December 31, 2024, for the resale of a  
 1146 residential unit shall contain in conspicuous type:

1147 1. A clause which states: THE BUYER HEREBY ACKNOWLEDGES  
 1148 THAT BUYER HAS BEEN PROVIDED A CURRENT COPY OF THE INSPECTOR-  
 1149 PREPARED SUMMARY OF THE MILESTONE INSPECTION REPORT AS DESCRIBED  
 1150 IN SECTION 553.899, FLORIDA STATUTES, IF APPLICABLE; A COPY OF  
 1151 THE TURNOVER INSPECTION REPORT DESCRIBED IN SECTION  
 1152 718.301(4) (p) AND (q), FLORIDA STATUTES, IF APPLICABLE; AND A  
 1153 COPY OF THE ASSOCIATION'S MOST RECENT STRUCTURAL INTEGRITY  
 1154 RESERVE STUDY DESCRIBED IN SECTIONS 718.103(26) AND  
 1155 718.112(2) (g), FLORIDA STATUTES, IF APPLICABLE, MORE THAN 15 3  
 1156 DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS, PRIOR TO  
 1157 EXECUTION OF THIS CONTRACT; and

1158 2. A clause which states: THIS AGREEMENT IS VOIDABLE BY  
 1159 BUYER BY DELIVERING WRITTEN NOTICE OF THE BUYER'S INTENTION TO  
 1160 CANCEL WITHIN 15 3 DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL

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1161 HOLIDAYS, AFTER THE DATE OF EXECUTION OF THIS AGREEMENT BY THE  
 1162 BUYER AND RECEIPT BY BUYER OF A CURRENT COPY OF THE INSPECTOR-  
 1163 PREPARED SUMMARY OF THE MILESTONE INSPECTION REPORT AS DESCRIBED  
 1164 IN SECTION 553.899, FLORIDA STATUTES, IF APPLICABLE; A COPY OF  
 1165 THE TURNOVER INSPECTION REPORT DESCRIBED IN SECTION  
 1166 718.301(4) (p) AND (q), FLORIDA STATUTES, IF APPLICABLE; AND A  
 1167 COPY OF THE ASSOCIATION'S MOST RECENT STRUCTURAL INTEGRITY  
 1168 RESERVE STUDY DESCRIBED IN SECTIONS 718.103(26) AND  
 1169 718.112(2) (g), FLORIDA STATUTES, IF APPLICABLE. ANY PURPORTED  
 1170 WAIVER OF THESE VOIDABILITY RIGHTS SHALL BE OF NO EFFECT. BUYER  
 1171 MAY EXTEND THE TIME FOR CLOSING FOR A PERIOD OF NOT MORE THAN 15  
 1172 ~~3~~ DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS, AFTER  
 1173 THE BUYER RECEIVES A CURRENT COPY OF THE INSPECTOR-PREPARED  
 1174 SUMMARY OF THE MILESTONE INSPECTION REPORT AS DESCRIBED IN  
 1175 SECTION 553.899, FLORIDA STATUTES; A COPY OF THE TURNOVER  
 1176 INSPECTION REPORT DESCRIBED IN SECTION 718.301(4) (p) AND (q),  
 1177 FLORIDA STATUTES; OR A COPY OF THE ASSOCIATION'S MOST RECENT  
 1178 STRUCTURAL INTEGRITY RESERVE STUDY DESCRIBED IN SECTIONS  
 1179 718.103(26) AND 718.112(2) (g), FLORIDA STATUTES, IF REQUESTED IN  
 1180 WRITING. BUYER'S RIGHT TO VOID THIS AGREEMENT SHALL TERMINATE AT  
 1181 CLOSING.

1182  
 1183 A contract that does not conform to the requirements of this  
 1184 paragraph is voidable at the option of the purchaser prior to  
 1185 closing.

1186 Section 4. Section 8 of chapter 2024-244, Laws of Florida,  
 1187 is amended to read:

1188 Section 8. Effective January 1, 2026, paragraph (g) of  
 1189 subsection (12) of section 718.111, Florida Statutes, as amended

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1190 by this act, is amended to read:

1191 718.111 The association.-

1192 (12) OFFICIAL RECORDS.-

1193 (g)1. ~~By January 1, 2019,~~ An association managing a  
 1194 condominium with 25 ~~150~~ or more units which does not contain  
 1195 timeshare units shall post digital copies of the documents  
 1196 specified in subparagraph 2. on its website or make such  
 1197 documents available through an application that can be  
 1198 downloaded on a mobile device.

1199 a. The association's website or application must be:

1200 (I) An independent website, application, or web portal  
 1201 wholly owned and operated by the association; or

1202 (II) A website, application, or web portal operated by a  
 1203 third-party provider with whom the association owns, leases,  
 1204 rents, or otherwise obtains the right to operate a web page,  
 1205 subpage, web portal, collection of subpages or web portals, or  
 1206 an application which is dedicated to the association's  
 1207 activities and on which required notices, records, and documents  
 1208 may be posted or made available by the association.

1209 b. The association's website or application must be  
 1210 accessible through the Internet and must contain a subpage, web  
 1211 portal, or other protected electronic location that is  
 1212 inaccessible to the general public and accessible only to unit  
 1213 owners and employees of the association.

1214 c. Upon a unit owner's written request, the association  
 1215 must provide the unit owner with a username and password and  
 1216 access to the protected sections of the association's website or  
 1217 application which contain any notices, records, or documents  
 1218 that must be electronically provided.

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1219 2. A current copy of the following documents must be posted  
 1220 in digital format on the association's website or application:  
 1221 a. The recorded declaration of condominium of each  
 1222 condominium operated by the association and each amendment to  
 1223 each declaration.  
 1224 b. The recorded bylaws of the association and each  
 1225 amendment to the bylaws.  
 1226 c. The articles of incorporation of the association, or  
 1227 other documents creating the association, and each amendment to  
 1228 the articles of incorporation or other documents. The copy  
 1229 posted pursuant to this sub-subparagraph must be a copy of the  
 1230 articles of incorporation filed with the Department of State.  
 1231 d. The rules of the association.  
 1232 e. The minutes of all meetings of the association, the  
 1233 board of administration, and the unit owners over the preceding  
 1234 12 months.  
 1235 ~~f.e.~~ A list of all executory contracts or documents to  
 1236 which the association is a party or under which the association  
 1237 or the unit owners have an obligation or responsibility and,  
 1238 after bidding for the related materials, equipment, or services  
 1239 has closed, a list of bids received by the association within  
 1240 the past year. Summaries of bids for materials, equipment, or  
 1241 services which exceed \$500 must be maintained on the website or  
 1242 application for 1 year. In lieu of summaries, complete copies of  
 1243 the bids may be posted.  
 1244 ~~g.f.~~ The annual budget required by s. 718.112(2)(f) and any  
 1245 proposed budget to be considered at the annual meeting.  
 1246 ~~h.g.~~ The financial report required by subsection (13) and  
 1247 any monthly income or expense statement to be considered at a

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1248 meeting.  
 1249 ~~i.h.~~ The certification of each director required by s.  
 1250 718.112(2)(d)4.b.  
 1251 ~~j.i.~~ All contracts or transactions between the association  
 1252 and any director, officer, corporation, firm, or association  
 1253 that is not an affiliated condominium association or any other  
 1254 entity in which an association director is also a director or  
 1255 officer and financially interested.  
 1256 ~~k.j.~~ Any contract or document regarding a conflict of  
 1257 interest or possible conflict of interest as provided in ss.  
 1258 468.4335, 468.436(2)(b)6., and 718.3027(3).  
 1259 ~~l.k.~~ The notice of any unit owner meeting and the agenda  
 1260 for the meeting, as required by s. 718.112(2)(d)3., no later  
 1261 than 14 days before the meeting. The notice must be posted in  
 1262 plain view on the front page of the website or application, or  
 1263 on a separate subpage of the website or application labeled  
 1264 "Notices" which is conspicuously visible and linked from the  
 1265 front page. The association must also post on its website or  
 1266 application any document to be considered and voted on by the  
 1267 owners during the meeting or any document listed on the agenda  
 1268 at least 7 days before the meeting at which the document or the  
 1269 information within the document will be considered.  
 1270 ~~m.l.~~ Notice of any board meeting, the agenda, and any other  
 1271 document required for the meeting as required by s.  
 1272 718.112(2)(c), which must be posted no later than the date  
 1273 required for notice under s. 718.112(2)(c).  
 1274 ~~n.m.~~ The inspection reports described in ss. 553.899 and  
 1275 718.301(4)(p) and any other inspection report relating to a  
 1276 structural or life safety inspection of condominium property.

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1277 ~~o.a.~~ The association's most recent structural integrity  
1278 reserve study, if applicable.

1279 ~~p.e.~~ Copies of all building permits issued for ongoing or  
1280 planned construction.

1281 3. The association shall ensure that the information and  
1282 records described in paragraph (c), which are not allowed to be  
1283 accessible to unit owners, are not posted on the association's  
1284 website or application. If protected information or information  
1285 restricted from being accessible to unit owners is included in  
1286 documents that are required to be posted on the association's  
1287 website or application, the association shall ensure the  
1288 information is redacted before posting the documents.

1289 Notwithstanding the foregoing, the association or its agent is  
1290 not liable for disclosing information that is protected or  
1291 restricted under this paragraph unless such disclosure was made  
1292 with a knowing or intentional disregard of the protected or  
1293 restricted nature of such information.

1294 4. The failure of the association to post information  
1295 required under subparagraph 2. is not in and of itself  
1296 sufficient to invalidate any action or decision of the  
1297 association's board or its committees.

1298 Section 5. Section 31 of chapter 2024-244, Laws of Florida,  
1299 is amended to read:

1300 Section 31. The amendments made to ss. 718.103(14) and  
1301 718.202(3) and 718.407(1), (2), and (6), Florida Statutes, as  
1302 created by this act, ~~may not be intended to clarify existing~~  
1303 ~~law and shall~~ apply retroactively and shall only apply to  
1304 condominiums for which declarations were initially recorded on  
1305 or after July 1, 2025. However, such amendments do not revive or

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1306 ~~reinstate any right or interest that has been fully and finally~~  
1307 ~~adjudicated as invalid before October 1, 2024.~~

1308 Section 6. Subsection (13) is added to section 719.104,  
1309 Florida Statutes, to read:

1310 719.104 Cooperatives; access to units; records; financial  
1311 reports; assessments; purchase of leases.-

1312 (13) INVESTMENT OF ASSOCIATION FUNDS.-

1313 (a) A board shall, in fulfilling its duty to manage  
1314 operating and reserve funds of an association, use best efforts  
1315 to make prudent investment decisions that carefully consider  
1316 risk and return in an effort to maximize returns on invested  
1317 funds.

1318 (b) An association may invest reserve funds in one or any  
1319 combination of depository accounts at a community bank, savings  
1320 bank, commercial bank, savings and loan association, or credit  
1321 union if the respective account balance at any institution does  
1322 not exceed the amount of deposit insurance per account provided  
1323 by any agency of the Federal Government or as otherwise  
1324 available. Notwithstanding any declaration, only funds  
1325 identified as reserve funds may be invested pursuant to this  
1326 subsection.

1327 (c) The board shall create an investment committee composed  
1328 of at least two board members and two-unit unit members who are  
1329 unit owners but not board members. The board shall also adopt  
1330 rules for invested funds, including, but not limited to, rules  
1331 requiring periodic reviews of any investment manager's  
1332 performance, the development of an investment policy statement,  
1333 and that all meetings of the investment committee be recorded  
1334 and made part of the official records of the association. The

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1335 investment policy statement developed pursuant to this paragraph  
 1336 must, at a minimum, address risk, liquidity, and benchmark  
 1337 measurements; authorized classes of investments; authorized  
 1338 investment mixes; limitations on authority relating to  
 1339 investment transactions; requirements for projected reserve  
 1340 expenditures within, at minimum, the next 24 months to be held  
 1341 in cash or cash equivalents; projected expenditures relating to  
 1342 an inspection performed pursuant to s. 553.899; and protocols  
 1343 for proxy response.

1344 (d) The investment committee shall recommend investment  
 1345 advisers to the board, and the board shall select one of the  
 1346 recommended investment advisers to provide services to the  
 1347 association. Such investment advisers must be registered or have  
 1348 notice filed under s. 517.12. The investment adviser and any  
 1349 representative or association of the investment adviser may not  
 1350 be related by affinity or consanguinity to, or under common  
 1351 ownership with, any board member, community management company,  
 1352 reserve study provider, or unit owner. The investment adviser  
 1353 shall comply with the prudent investor rule in s. 518.11. The  
 1354 investment adviser shall act as a fiduciary to the association  
 1355 in compliance with the standards set forth in the Employee  
 1356 Retirement Income Security Act of 1974 at 29 U.S.C. s.  
 1357 1104(a) (1) (A)-(C). In case of conflict with other provisions of  
 1358 law authorizing investments, the investment and fiduciary  
 1359 standards set forth in this paragraph must prevail. If at any  
 1360 time the investment committee determines that an investment  
 1361 adviser does not meet the requirements of this section, the  
 1362 investment committee must recommend a replacement investment  
 1363 adviser to the board.

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1364 (e) At least once each calendar year, or sooner if a  
 1365 substantial financial obligation of the association becomes  
 1366 known to the board, the association must provide the investment  
 1367 adviser with the association's investment policy statement, the  
 1368 most recent reserve study report, the association's structural  
 1369 integrity report, and the financial reports prepared pursuant to  
 1370 subsection (13). If there is no recent reserve study report, the  
 1371 association must provide the investment adviser with a good  
 1372 faith estimate disclosing the annual amount of reserve funds  
 1373 necessary for the association to fully fund reserves for the  
 1374 life of each reserve component and each component's  
 1375 redundancies. The investment adviser shall annually review these  
 1376 documents and provide the association with a portfolio  
 1377 allocation model that is suitably structured and prudently  
 1378 designed to match projected annual reserve fund requirements and  
 1379 liability, assets, and liquidity requirements. The investment  
 1380 adviser shall prepare a funding projection for each reserve  
 1381 component, including any of the component's redundancies. The  
 1382 association shall have available at all times a minimum of 24  
 1383 months of projected reserves in cash or cash equivalents.

1384 (f) Portfolios managed by the investment adviser may  
 1385 contain any type of investment necessary to meet the objectives  
 1386 in the investment policy statement; however, portfolios may not  
 1387 contain stocks, securities, or other obligations that the State  
 1388 Board of Administration is prohibited from investing in under s.  
 1389 215.471, s. 215.4725, or s. 215.473 or that state agencies are  
 1390 prohibited from investing in under s. 215.472, as determined by  
 1391 the investment adviser. Any funds invested by the investment  
 1392 adviser must be held in third-party custodial accounts that are

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1393 subject to insurance coverage by the Securities Investor  
 1394 Protection Corporation in an amount equal to or greater than the  
 1395 invested amount. The investment adviser may withdraw investment  
 1396 fees, expenses, and commissions from invested funds.

1397 (g) The investment adviser shall:

1398 1. Annually provide the association with a written  
 1399 certification of compliance with this section and a list of  
 1400 stocks, securities, and other obligations that are prohibited  
 1401 from being in association portfolios under paragraph (f); and

1402 2. Submit monthly, quarterly, and annual reports to the  
 1403 association which are prepared in accordance with established  
 1404 financial industry standards and in accordance with chapter 517.

1405 (h) Any principal, earnings, or interest managed under this  
 1406 subsection must be available at no cost or charge to the  
 1407 association within 15 business days after delivery of the  
 1408 association's written or electronic request.

1409 (i) Unallocated income earned on reserve fund investments  
 1410 may be spent only on capital expenditures, planned maintenance,  
 1411 structural repairs, or other items for which the reserve  
 1412 accounts have been established. Any surplus of funds which  
 1413 exceeds the amount required to maintain reasonably funded  
 1414 reserves must be managed pursuant to s. 718.115.

1415 Section 7. Paragraphs (j) and (k) of subsection (1) of  
 1416 section 719.106, Florida Statutes, are amended to read:

1417 719.106 Bylaws; cooperative ownership.—

1418 (1) MANDATORY PROVISIONS.—The bylaws or other cooperative  
 1419 documents shall provide for the following, and if they do not,  
 1420 they shall be deemed to include the following:

1421 (j) *Annual budget.*—

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1422 1. The proposed annual budget of common expenses must be  
 1423 detailed and must show the amounts budgeted by accounts and  
 1424 expense classifications, including, if applicable, but not  
 1425 limited to, those expenses listed in s. 719.504(20). The board  
 1426 of administration shall adopt the annual budget at least 14 days  
 1427 before the start of the association's fiscal year. In the event  
 1428 that the board fails to timely adopt the annual budget a second  
 1429 time, it is deemed a minor violation and the prior year's budget  
 1430 shall continue in effect until a new budget is adopted.

1431 2.a. In addition to annual operating expenses, the budget  
 1432 must include reserve accounts for capital expenditures and  
 1433 deferred maintenance. These accounts must include, but not be  
 1434 limited to, roof replacement, building painting, and pavement  
 1435 resurfacing, regardless of the amount of deferred maintenance  
 1436 expense or replacement cost, and for any other items for which  
 1437 the deferred maintenance expense or replacement cost exceeds  
 1438 \$10,000. The amount to be reserved must be computed by means of  
 1439 a formula which is based upon estimated remaining useful life  
 1440 and estimated replacement cost or deferred maintenance expense  
 1441 of the reserve item. In a budget adopted by an association that  
 1442 is required to obtain a structural integrity reserve study,  
 1443 reserves must be maintained for the items identified in  
 1444 paragraph (k) for which the association is responsible pursuant  
 1445 to the declaration, and the reserve amount for such items must  
 1446 be based on the findings and recommendations of the  
 1447 association's most recent structural integrity reserve study.  
 1448 With respect to items for which an estimate of useful life is  
 1449 not readily ascertainable or with an estimated remaining useful  
 1450 life of greater than 25 years, an association is not required to

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1451 reserve replacement costs for such items, but an association  
 1452 must reserve the amount of deferred maintenance expense, if any,  
 1453 which is recommended by the structural integrity reserve study  
 1454 for such items. The association may adjust replacement reserve  
 1455 assessments annually to take into account an inflation  
 1456 adjustment and any changes in estimates or extension of the  
 1457 useful life of a reserve item caused by deferred maintenance.

1458 b. The members of a unit-owner-controlled association may  
 1459 determine, by a majority vote of the total voting interests of  
 1460 the association, for a fiscal year to provide no reserves or  
 1461 reserves less adequate than required by this subsection. Before  
 1462 turnover of control of an association by a developer to unit  
 1463 owners other than a developer under s. 719.301, the developer-  
 1464 controlled association may not vote to waive the reserves or  
 1465 reduce funding of the reserves.

1466 c. For a budget adopted on or after December 31, 2024, a  
 1467 unit-owner-controlled association that must obtain a structural  
 1468 integrity reserve study may not determine to provide no reserves  
 1469 or reserves less adequate than required by this paragraph for  
 1470 items listed in paragraph (k). If a meeting of the unit owners  
 1471 has been called to determine to provide no reserves, or reserves  
 1472 less adequate than required, and such result is not attained or  
 1473 a quorum is not attained, the reserves as included in the budget  
 1474 shall go into effect.

1475 d. If the local building official, as defined in s.  
 1476 468.603, determines that the entire condominium building is  
 1477 uninhabitable due to a natural emergency, as defined in s.  
 1478 252.34, the board may pause the contribution to its reserves or  
 1479 reduce reserve funding until the local building official

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1480 determines that the condominium building is habitable. Any  
 1481 reserve account funds held by the association may be expended,  
 1482 pursuant to the board's determination, to make the condominium  
 1483 building and its structures habitable. Upon the determination by  
 1484 the local building official that the condominium building is  
 1485 habitable, the association must immediately resume contributing  
 1486 funds to its reserves.

1487 e. For a budget adopted on or before December 31, 2028, a  
 1488 unit-owner-controlled association that must have a structural  
 1489 reserve study may secure a line of credit in lieu of maintaining  
 1490 reserves for all or a portion of the reserves required under  
 1491 this paragraph and paragraph (f) upon a majority vote of the  
 1492 total voting interests of the association. The line of credit  
 1493 must be sufficient to meet the association's deferred  
 1494 maintenance obligation not funded in the association's reserve  
 1495 account for each budget. Funding from the line of credit must be  
 1496 immediately available for access by the board to fund required  
 1497 repair, maintenance, or replacement expenses without further  
 1498 approval by the members of the association.

1499 f. For a budget adopted on or before December 31, 2028, if  
 1500 the association has completed a milestone inspection pursuant to  
 1501 s. 553.899 within the previous 2 calendar years, the board, upon  
 1502 the approval of a majority of the total voting interests of the  
 1503 association, may temporarily pause reserve fund contributions or  
 1504 reduce the amount of reserve funding for the purpose of funding  
 1505 repairs recommended by the milestone inspection. This  
 1506 subparagraph does not apply to a developer-controlled  
 1507 association and an association in which the non-developer unit  
 1508 owners have been in control for less than 1 year. An association

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1509 that has paused reserve contributions under this sub-  
 1510 subparagraph must have a structural integrity reserve study  
 1511 performed before the continuation of reserve contributions in  
 1512 order to determine the association's reserve funding needs and  
 1513 to recommend a reserve funding plan.

1514 3. Reserve funds and any interest accruing thereon shall  
 1515 remain in the reserve account or accounts, and shall be used  
 1516 only for authorized reserve expenditures unless their use for  
 1517 other purposes is approved in advance by a vote of the majority  
 1518 of the total voting interests of the association. Before  
 1519 turnover of control of an association by a developer to unit  
 1520 owners other than the developer under s. 719.301, the developer  
 1521 may not vote to use reserves for purposes other than that for  
 1522 which they were intended. For a budget adopted on or after  
 1523 December 31, 2024, members of a unit-owner-controlled  
 1524 association that must obtain a structural integrity reserve  
 1525 study may not vote to use reserve funds, or any interest  
 1526 accruing thereon, for purposes other than the replacement or  
 1527 deferred maintenance costs of the components listed in paragraph  
 1528 (k). A vote of the members is not required for the board to  
 1529 change the accounting method for reserves to a pooling  
 1530 accounting method or a straight-line accounting method.

1531 (k) *Structural integrity reserve study.*—

1532 1. A residential cooperative association must have a  
 1533 structural integrity reserve study completed at least every 10  
 1534 years for each building on the cooperative property that is  
 1535 three stories or higher in height, as determined by the Florida  
 1536 Building Code, that includes, at a minimum, a study of the  
 1537 following items as related to the structural integrity and

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1538 safety of the building:  
 1539 a. Roof.  
 1540 b. Structure, including load-bearing walls and other  
 1541 primary structural members and primary structural systems as  
 1542 those terms are defined in s. 627.706.  
 1543 c. Fireproofing and fire protection systems.  
 1544 d. Plumbing.  
 1545 e. Electrical systems.  
 1546 f. Waterproofing and exterior painting.  
 1547 g. Windows and exterior doors.  
 1548 h. Any other item that has a deferred maintenance expense  
 1549 or replacement cost that exceeds \$10,000 and the failure to  
 1550 replace or maintain such item negatively affects the items  
 1551 listed in sub-subparagraphs a.-g., as determined by the visual  
 1552 inspection portion of the structural integrity reserve study.  
 1553 2. A structural integrity reserve study is based on a  
 1554 visual inspection of the cooperative property.  
 1555 3.a. A structural integrity reserve study may be performed  
 1556 by any person qualified to perform such study. However, the  
 1557 visual inspection portion of the structural integrity reserve  
 1558 study must be performed or verified by an engineer licensed  
 1559 under chapter 471, an architect licensed under chapter 481, or a  
 1560 person certified as a reserve specialist or professional reserve  
 1561 analyst by the Community Associations Institute or the  
 1562 Association of Professional Reserve Analysts.  
 1563 b. Any design professional as defined in s. 558.002(7) or  
 1564 contractor licensed under chapter 489 who bids to perform a  
 1565 structural integrity reserve study must disclose in writing to  
 1566 the association his or her intent to bid on any services related

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1567 to any maintenance, repair, or replacement that may be  
 1568 recommended by the structural integrity reserve study. Any  
 1569 design professional as defined in s. 558.002(7) or contractor  
 1570 licensed under chapter 489 who submits a bid to the association  
 1571 for performing any services recommended by the structural  
 1572 integrity reserve study may not have an interest, directly or  
 1573 indirectly, in the firm or entity providing the association's  
 1574 structural integrity reserve study or be a relative of any  
 1575 person having a direct or indirect interest in such firm, unless  
 1576 such relationship is disclosed to the association in writing. As  
 1577 used in this section, the term "relative" means a relative  
 1578 within the third degree of consanguinity by blood or marriage. A  
 1579 contract for services is voidable and terminates upon the  
 1580 association filing a written notice terminating the contract if  
 1581 the design professional or licensed contractor failed to provide  
 1582 the written disclosure of the relationship required under this  
 1583 paragraph. A design professional or licensed contractor may be  
 1584 subject to discipline under the applicable practice act for his  
 1585 or her profession for failure to provide the written disclosure  
 1586 of the relationship required under this subparagraph.

1587 ~~4.a 3-~~ At a minimum, a structural integrity reserve study  
 1588 must identify each item of the cooperative property being  
 1589 visually inspected, state the estimated remaining useful life  
 1590 and the estimated replacement cost or deferred maintenance  
 1591 expense of each item of the cooperative property being visually  
 1592 inspected, and provide a reserve funding schedule with a  
 1593 recommended annual reserve amount that achieves the estimated  
 1594 replacement cost or deferred maintenance expense of each item of  
 1595 cooperative property being visually inspected by the end of the

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1596 estimated remaining useful life of the item. The structural  
 1597 integrity reserve study may recommend that reserves do not need  
 1598 to be maintained for any item for which an estimate of useful  
 1599 life and an estimate of replacement cost cannot be determined,  
 1600 or the study may recommend a deferred maintenance expense amount  
 1601 for such item. At a minimum, the structural integrity reserve  
 1602 study must include a recommendation for a reserve funding  
 1603 schedule based on a baseline funding plan that provides a  
 1604 reserve funding goal in which the expenditures for each budget  
 1605 year for deferred maintenance, repair, and replacement of  
 1606 reserve items are sufficient to maintain the reserve cash  
 1607 balance above zero. The study may recommend other types of  
 1608 reserve funding schedules, provided that each recommended  
 1609 schedule is sufficient to meet the association's maintenance  
 1610 obligation.

1611 b. The structural integrity reserve study may recommend  
 1612 that reserves for replacement costs do not need to be maintained  
 1613 for any item with an estimated remaining useful life of greater  
 1614 than 25 years, but the study may recommend a deferred  
 1615 maintenance expense amount for such item. If the structural  
 1616 integrity reserve study recommends reserves for any item for  
 1617 which reserves are not required under this paragraph, the amount  
 1618 of the recommended reserves for such item must be separately  
 1619 identified in the structural integrity reserve study as an item  
 1620 for which reserves are not required under this paragraph.

1621 ~~5.4-~~ This paragraph does not apply to buildings less than  
 1622 three stories in height; single-family, two-family, or three-  
 1623 family dwellings with three or fewer habitable stories above  
 1624 ground; any portion or component of a building that has not been

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1625 submitted to the cooperative form of ownership; or any portion  
 1626 or component of a building that is maintained by a party other  
 1627 than the association.

1628 ~~6.5-~~ Before a developer turns over control of an  
 1629 association to unit owners other than the developer, the  
 1630 developer must have a turnover inspection report in compliance  
 1631 with s. 719.301(4)(p) and (q) for each building on the  
 1632 cooperative property that is three stories or higher in height.

1633 ~~7.6-~~ Associations existing on or before July 1, 2022, which  
 1634 are controlled by unit owners other than the developer, must  
 1635 have a structural integrity reserve study completed by December  
 1636 31, 2024, for each building on the cooperative property that is  
 1637 three stories or higher in height. An association that is  
 1638 required to complete a milestone inspection on or before  
 1639 December 31, 2026, in accordance with s. 553.899 may complete  
 1640 the structural integrity reserve study simultaneously with the  
 1641 milestone inspection. In no event may the structural integrity  
 1642 reserve study be completed after December 31, 2026.

1643 ~~8.7-~~ If the milestone inspection required by s. 553.899, or  
 1644 an inspection completed for a similar local requirement, was  
 1645 performed within the past 5 years and meets the requirements of  
 1646 this paragraph, such inspection may be used in place of the  
 1647 visual inspection portion of the structural integrity reserve  
 1648 study.

1649 9. If the association completes a milestone inspection  
 1650 required by s. 553.899, or an inspection completed for a similar  
 1651 local requirement, the association may delay performance of a  
 1652 required structural integrity reserve study for no more than 2  
 1653 budget years to permit the association to focus its financial

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1654 resources on the completing the repair and maintenance  
 1655 recommendations of the milestone inspection.

1656 ~~10.8-~~ If the officers or directors of an association  
 1657 willfully and knowingly fail to complete a structural integrity  
 1658 reserve study pursuant to this paragraph, such failure is a  
 1659 breach of an officer's and director's fiduciary relationship to  
 1660 the unit owners under s. 719.104(9).

1661 ~~11.9-~~ Within 45 days after receiving the structural  
 1662 integrity reserve study, the association must distribute a copy  
 1663 of the study to each unit owner or deliver to each unit owner a  
 1664 notice that the completed study is available for inspection and  
 1665 copying upon a written request. Distribution of a copy of the  
 1666 study or notice must be made by United States mail or personal  
 1667 delivery at the mailing address, property address, or any other  
 1668 address of the owner provided to fulfill the association's  
 1669 notice requirements under this chapter, or by electronic  
 1670 transmission to the e-mail address or facsimile number provided  
 1671 to fulfill the association's notice requirements to unit owners  
 1672 who previously consented to receive notice by electronic  
 1673 transmission.

1674 ~~12.10-~~ Within 45 days after receiving the structural  
 1675 integrity reserve study, the association must provide the  
 1676 division with a statement indicating that the study was  
 1677 completed and that the association provided or made available  
 1678 such study to each unit owner in accordance with this section.  
 1679 Such statement must be provided to the division in the manner  
 1680 established by the division using a form posted on the  
 1681 division's website.

1682 13. The division shall adopt by rule the form for the

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1683 structural integrity reserve study in coordination with the  
 1684 Florida Building Commission.  
 1685 Section 8. Paragraphs (c) and (d) of subsection (2) of  
 1686 section 719.503, Florida Statutes, are amended, and paragraph  
 1687 (d) of subsection (1) of that section is reenacted, to read:  
 1688 719.503 Disclosure prior to sale.—  
 1689 (1) DEVELOPER DISCLOSURE.—  
 1690 (d) *Milestone inspection, turnover inspection report, or*  
 1691 *structural integrity reserve study.*—If the association is  
 1692 required to have completed a milestone inspection as described  
 1693 in s. 553.899, a turnover inspection report for a turnover  
 1694 inspection performed on or after July 1, 2023, or a structural  
 1695 integrity reserve study, and the association has not completed  
 1696 the milestone inspection, the turnover inspection report, or the  
 1697 structural integrity reserve study, each contract entered into  
 1698 after December 31, 2024, for the sale of a residential unit  
 1699 shall contain in conspicuous type a statement indicating that  
 1700 the association is required to have a milestone inspection, a  
 1701 turnover inspection report, or a structural integrity reserve  
 1702 study and has not completed such inspection, report, or study,  
 1703 as appropriate. If the association is not required to have a  
 1704 milestone inspection as described in s. 553.899 or a structural  
 1705 integrity reserve study, each contract entered into after  
 1706 December 31, 2024, for the sale of a residential unit shall  
 1707 contain in conspicuous type a statement indicating that the  
 1708 association is not required to have a milestone inspection or a  
 1709 structural integrity reserve study, as appropriate. If the  
 1710 association has completed a milestone inspection as described in  
 1711 s. 553.899, a turnover inspection report for a turnover

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1712 inspection performed on or after July 1, 2023, or a structural  
 1713 integrity reserve study, each contract entered into after  
 1714 December 31, 2024, for the sale of a residential unit shall  
 1715 contain in conspicuous type:  
 1716 1. A clause which states: THE BUYER HEREBY ACKNOWLEDGES  
 1717 THAT BUYER HAS BEEN PROVIDED A CURRENT COPY OF THE INSPECTOR-  
 1718 PREPARED SUMMARY OF THE MILESTONE INSPECTION REPORT AS DESCRIBED  
 1719 IN SECTION 553.899, FLORIDA STATUTES, IF APPLICABLE; A COPY OF  
 1720 THE TURNOVER INSPECTION REPORT DESCRIBED IN SECTION  
 1721 719.301(4) (p) AND (q), FLORIDA STATUTES, IF APPLICABLE; AND A  
 1722 COPY OF THE ASSOCIATION'S MOST RECENT STRUCTURAL INTEGRITY  
 1723 RESERVE STUDY DESCRIBED IN SECTIONS 719.103(24) AND  
 1724 719.106(1) (k), FLORIDA STATUTES, IF APPLICABLE, MORE THAN 15  
 1725 DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS, PRIOR TO  
 1726 EXECUTION OF THIS CONTRACT; and  
 1727 2. A clause which states: THIS AGREEMENT IS VOIDABLE BY  
 1728 BUYER BY DELIVERING WRITTEN NOTICE OF THE BUYER'S INTENTION TO  
 1729 CANCEL WITHIN 15 DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL  
 1730 HOLIDAYS, AFTER THE DATE OF EXECUTION OF THIS AGREEMENT BY THE  
 1731 BUYER AND RECEIPT BY BUYER OF A CURRENT COPY OF THE INSPECTOR-  
 1732 PREPARED SUMMARY OF THE MILESTONE INSPECTION REPORT AS DESCRIBED  
 1733 IN SECTION 553.899, FLORIDA STATUTES, IF APPLICABLE; A COPY OF  
 1734 THE TURNOVER INSPECTION REPORT DESCRIBED IN SECTION  
 1735 719.301(4) (p) AND (q), FLORIDA STATUTES, IF APPLICABLE; AND A  
 1736 COPY OF THE ASSOCIATION'S MOST RECENT STRUCTURAL INTEGRITY  
 1737 RESERVE STUDY DESCRIBED IN SECTIONS 719.103(24) AND  
 1738 719.106(1) (k), FLORIDA STATUTES, IF APPLICABLE. ANY PURPORTED  
 1739 WAIVER OF THESE VOIDABILITY RIGHTS SHALL BE OF NO EFFECT. BUYER  
 1740 MAY EXTEND THE TIME FOR CLOSING FOR A PERIOD OF NOT MORE THAN 15

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1741 DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS, AFTER  
 1742 THE BUYER RECEIVES A CURRENT COPY OF THE INSPECTOR-PREPARED  
 1743 SUMMARY OF THE MILESTONE INSPECTION REPORT AS DESCRIBED IN  
 1744 SECTION 553.899, FLORIDA STATUTES; A COPY OF THE TURNOVER  
 1745 INSPECTION REPORT DESCRIBED IN SECTION 719.301(4) (p) AND (q),  
 1746 FLORIDA STATUTES; OR A COPY OF THE ASSOCIATION'S MOST RECENT  
 1747 STRUCTURAL INTEGRITY RESERVE STUDY DESCRIBED IN SECTIONS  
 1748 719.103(24) AND 719.106(1) (k), FLORIDA STATUTES, IF REQUESTED IN  
 1749 WRITING. BUYER'S RIGHT TO VOID THIS AGREEMENT SHALL TERMINATE AT  
 1750 CLOSING.

1751

1752 A contract that does not conform to the requirements of this  
 1753 paragraph is voidable at the option of the purchaser prior to  
 1754 closing.

1755 (2) NONDEVELOPER DISCLOSURE.—

1756 (c) Each contract entered into after July 1, 1992, for the  
 1757 resale of an interest in a cooperative shall contain in  
 1758 conspicuous type either:

1759 1. A clause which states: THE BUYER HEREBY ACKNOWLEDGES  
 1760 THAT BUYER HAS BEEN PROVIDED A CURRENT COPY OF THE ARTICLES OF  
 1761 INCORPORATION OF THE ASSOCIATION, BYLAWS, RULES OF THE  
 1762 ASSOCIATION, AND THE QUESTION AND ANSWER SHEET MORE THAN 15 ~~3~~  
 1763 DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS, PRIOR TO  
 1764 EXECUTION OF THIS CONTRACT; or

1765 2. A clause which states: THIS AGREEMENT IS VOIDABLE BY  
 1766 BUYER BY DELIVERING WRITTEN NOTICE OF THE BUYER'S INTENTION TO  
 1767 CANCEL WITHIN 15 ~~3~~ DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL  
 1768 HOLIDAYS, AFTER THE DATE OF EXECUTION OF THIS AGREEMENT BY THE  
 1769 BUYER AND RECEIPT BY BUYER OF A CURRENT COPY OF THE ARTICLES OF

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1770 INCORPORATION, BYLAWS, AND RULES OF THE ASSOCIATION, AND  
 1771 QUESTION AND ANSWER SHEET, IF SO REQUESTED IN WRITING. ANY  
 1772 PURPORTED WAIVER OF THESE VOIDABILITY RIGHTS SHALL BE OF NO  
 1773 EFFECT. BUYER MAY EXTEND THE TIME FOR CLOSING FOR A PERIOD OF  
 1774 NOT MORE THAN 15 ~~3~~ DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL  
 1775 HOLIDAYS, AFTER THE BUYER RECEIVES THE ARTICLES OF  
 1776 INCORPORATION, BYLAWS, RULES, AND QUESTION AND ANSWER SHEET, IF  
 1777 REQUESTED IN WRITING. BUYER'S RIGHT TO VOID THIS AGREEMENT SHALL  
 1778 TERMINATE AT CLOSING.

1779

1780 A contract that does not conform to the requirements of this  
 1781 paragraph is voidable at the option of the purchaser prior to  
 1782 closing.

1783 (d) If the association is required to have completed a  
 1784 milestone inspection as described in s. 553.899, a turnover  
 1785 inspection report for a turnover inspection performed on or  
 1786 after July 1, 2023, or a structural integrity reserve study, and  
 1787 the association has not completed the milestone inspection, the  
 1788 turnover inspection report, or the structural integrity reserve  
 1789 study, each contract entered into after December 31, 2024, for  
 1790 the sale of a residential unit shall contain in conspicuous type  
 1791 a statement indicating that the association is required to have  
 1792 a milestone inspection, a turnover inspection report, or a  
 1793 structural integrity reserve study and has not completed such  
 1794 inspection, report, or study, as appropriate. If the association  
 1795 is not required to have a milestone inspection as described in  
 1796 s. 553.899 or a structural integrity reserve study, each  
 1797 contract entered into after December 31, 2024, for the sale of a  
 1798 residential unit shall contain in conspicuous type a statement

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1799 indicating that the association is not required to have a  
 1800 milestone inspection or a structural integrity reserve study, as  
 1801 appropriate. If the association has completed a milestone  
 1802 inspection as described in s. 553.899, a turnover inspection  
 1803 report for a turnover inspection performed on or after July 1,  
 1804 2023, or a structural integrity reserve study, each contract  
 1805 entered into after December 31, 2024, for the resale of a  
 1806 residential unit shall contain in conspicuous type:

1807 1. A clause which states: THE BUYER HEREBY ACKNOWLEDGES  
 1808 THAT BUYER HAS BEEN PROVIDED A CURRENT COPY OF THE INSPECTOR-  
 1809 PREPARED SUMMARY OF THE MILESTONE INSPECTION REPORT AS DESCRIBED  
 1810 IN SECTION 553.899, FLORIDA STATUTES, IF APPLICABLE; A COPY OF  
 1811 THE TURNOVER INSPECTION REPORT DESCRIBED IN SECTION  
 1812 719.301(4)(p) AND (q), FLORIDA STATUTES, IF APPLICABLE; AND A  
 1813 COPY OF THE ASSOCIATION'S MOST RECENT STRUCTURAL INTEGRITY  
 1814 RESERVE STUDY DESCRIBED IN SECTIONS 719.103(24) AND  
 1815 719.106(1)(k), FLORIDA STATUTES, IF APPLICABLE, MORE THAN 15 ~~3~~  
 1816 DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS, PRIOR TO  
 1817 EXECUTION OF THIS CONTRACT; and

1818 2. A clause which states: THIS AGREEMENT IS VOIDABLE BY  
 1819 BUYER BY DELIVERING WRITTEN NOTICE OF THE BUYER'S INTENTION TO  
 1820 CANCEL WITHIN 15 ~~3~~ DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL  
 1821 HOLIDAYS, AFTER THE DATE OF EXECUTION OF THIS AGREEMENT BY THE  
 1822 BUYER AND RECEIPT BY BUYER OF A CURRENT COPY OF THE INSPECTOR-  
 1823 PREPARED SUMMARY OF THE MILESTONE INSPECTION REPORT AS DESCRIBED  
 1824 IN SECTION 553.899, FLORIDA STATUTES, IF APPLICABLE; A COPY OF  
 1825 THE TURNOVER INSPECTION REPORT DESCRIBED IN SECTION  
 1826 719.301(4)(p) AND (q), FLORIDA STATUTES, IF APPLICABLE; AND A  
 1827 COPY OF THE ASSOCIATION'S MOST RECENT STRUCTURAL INTEGRITY

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1828 RESERVE STUDY DESCRIBED IN SECTIONS 719.103(24) AND  
 1829 719.106(1)(k), FLORIDA STATUTES, IF APPLICABLE. ANY PURPORTED  
 1830 WAIVER OF THESE VOIDABILITY RIGHTS SHALL BE OF NO EFFECT. BUYER  
 1831 MAY EXTEND THE TIME FOR CLOSING FOR A PERIOD OF NOT MORE THAN 15  
 1832 ~~3~~ DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS, AFTER  
 1833 THE BUYER RECEIVES A CURRENT COPY OF THE INSPECTOR-PREPARED  
 1834 SUMMARY OF THE MILESTONE INSPECTION REPORT AS DESCRIBED IN  
 1835 SECTION 553.899, FLORIDA STATUTES; A COPY OF THE TURNOVER  
 1836 INSPECTION REPORT DESCRIBED IN SECTION 719.301(4)(p) AND (q),  
 1837 FLORIDA STATUTES; OR A COPY OF THE ASSOCIATION'S MOST RECENT  
 1838 STRUCTURAL INTEGRITY RESERVE STUDY DESCRIBED IN SECTIONS  
 1839 719.103(24) AND 719.106(1)(k), FLORIDA STATUTES, IF REQUESTED IN  
 1840 WRITING. BUYER'S RIGHT TO VOID THIS AGREEMENT SHALL TERMINATE AT  
 1841 CLOSING.

1842  
 1843 A contract that does not conform to the requirements of this  
 1844 paragraph is voidable at the option of the purchaser prior to  
 1845 closing.

1846 Section 9. For the purpose of incorporating the amendment  
 1847 made by this act to section 718.111, Florida Statutes, in a  
 1848 reference thereto, paragraph (e) of subsection (3) of section  
 1849 721.13, Florida Statutes, is reenacted to read:

1850 721.13 Management.—

1851 (3) The duties of the managing entity include, but are not  
 1852 limited to:

1853 (e) Arranging for an annual audit of the financial  
 1854 statements of the timeshare plan by a certified public  
 1855 accountant licensed by the Board of Accountancy of the  
 1856 Department of Business and Professional Regulation, in

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1857 accordance with generally accepted auditing standards as defined  
 1858 by the rules of the Board of Accountancy of the Department of  
 1859 Business and Professional Regulation. The financial statements  
 1860 required by this section must be prepared on an accrual basis  
 1861 using fund accounting, and must be presented in accordance with  
 1862 generally accepted accounting principles. A copy of the audited  
 1863 financial statements must be filed with the division for review  
 1864 and forwarded to the board of directors and officers of the  
 1865 owners' association, if one exists, no later than 5 calendar  
 1866 months after the end of the timeshare plan's fiscal year. If no  
 1867 owners' association exists, each purchaser must be notified, no  
 1868 later than 5 months after the end of the timeshare plan's fiscal  
 1869 year, that a copy of the audited financial statements is  
 1870 available upon request to the managing entity. Notwithstanding  
 1871 any requirement of s. 718.111(13) or s. 719.104(4), the audited  
 1872 financial statements required by this section are the only  
 1873 annual financial reporting requirements for timeshare  
 1874 condominiums or timeshare cooperatives.

1875 Section 10. For the purpose of incorporating the amendment  
 1876 made by this act to section 718.112, Florida Statutes, in  
 1877 references thereto, paragraph (a) of subsection (7) and  
 1878 paragraph (c) of subsection (21) of section 718.504, Florida  
 1879 Statutes, are reenacted to read:

1880 718.504 Prospectus or offering circular.—Every developer of  
 1881 a residential condominium which contains more than 20  
 1882 residential units, or which is part of a group of residential  
 1883 condominiums which will be served by property to be used in  
 1884 common by unit owners of more than 20 residential units, shall  
 1885 prepare a prospectus or offering circular and file it with the

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1886 Division of Florida Condominiums, Timeshares, and Mobile Homes  
 1887 prior to entering into an enforceable contract of purchase and  
 1888 sale of any unit or lease of a unit for more than 5 years and  
 1889 shall furnish a copy of the prospectus or offering circular to  
 1890 each buyer. In addition to the prospectus or offering circular,  
 1891 each buyer shall be furnished a separate page entitled  
 1892 "Frequently Asked Questions and Answers," which shall be in  
 1893 accordance with a format approved by the division and a copy of  
 1894 the financial information required by s. 718.111. This page  
 1895 shall, in readable language, inform prospective purchasers  
 1896 regarding their voting rights and unit use restrictions,  
 1897 including restrictions on the leasing of a unit; shall indicate  
 1898 whether and in what amount the unit owners or the association is  
 1899 obligated to pay rent or land use fees for recreational or other  
 1900 commonly used facilities; shall contain a statement identifying  
 1901 that amount of assessment which, pursuant to the budget, would  
 1902 be levied upon each unit type, exclusive of any special  
 1903 assessments, and which shall further identify the basis upon  
 1904 which assessments are levied, whether monthly, quarterly, or  
 1905 otherwise; shall state and identify any court cases in which the  
 1906 association is currently a party of record in which the  
 1907 association may face liability in excess of \$100,000; shall  
 1908 state whether the condominium is created within a portion of a  
 1909 building or within a multiple parcel building; and which shall  
 1910 further state whether membership in a recreational facilities  
 1911 association is mandatory, and if so, shall identify the fees  
 1912 currently charged per unit type. The division shall by rule  
 1913 require such other disclosure as in its judgment will assist  
 1914 prospective purchasers. The prospectus or offering circular may

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1915 include more than one condominium, although not all such units  
 1916 are being offered for sale as of the date of the prospectus or  
 1917 offering circular. The prospectus or offering circular must  
 1918 contain the following information:

1919 (7) A description of the recreational and other facilities  
 1920 that will be used in common with other condominiums, community  
 1921 associations, or planned developments which require the payment  
 1922 of the maintenance and expenses of such facilities, directly or  
 1923 indirectly, by the unit owners. The description shall include,  
 1924 but not be limited to, the following:

1925 (a) Each building and facility committed to be built and a  
 1926 summary description of the structural integrity of each building  
 1927 for which reserves are required pursuant to s. 718.112(2)(g).  
 1928

1929 Descriptions shall include location, areas, capacities, numbers,  
 1930 volumes, or sizes and may be stated as approximations or  
 1931 minimums.

1932 (21) An estimated operating budget for the condominium and  
 1933 the association, and a schedule of the unit owner's expenses  
 1934 shall be attached as an exhibit and shall contain the following  
 1935 information:

1936 (c) The estimated items of expenses of the condominium and  
 1937 the association, except as excluded under paragraph (b),  
 1938 including, but not limited to, the following items, which shall  
 1939 be stated as an association expense collectible by assessments  
 1940 or as unit owners' expenses payable to persons other than the  
 1941 association:

- 1942 1. Expenses for the association and condominium:  
 1943 a. Administration of the association.

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- 1944 b. Management fees.  
 1945 c. Maintenance.  
 1946 d. Rent for recreational and other commonly used  
 1947 facilities.  
 1948 e. Taxes upon association property.  
 1949 f. Taxes upon leased areas.  
 1950 g. Insurance.  
 1951 h. Security provisions.  
 1952 i. Other expenses.  
 1953 j. Operating capital.  
 1954 k. Reserves for all applicable items referenced in s.  
 1955 718.112(2)(g).  
 1956 1. Fees payable to the division.  
 1957 2. Expenses for a unit owner:  
 1958 a. Rent for the unit, if subject to a lease.  
 1959 b. Rent payable by the unit owner directly to the lessor or  
 1960 agent under any recreational lease or lease for the use of  
 1961 commonly used facilities, which use and payment is a mandatory  
 1962 condition of ownership and is not included in the common expense  
 1963 or assessments for common maintenance paid by the unit owners to  
 1964 the association.  
 1965 Section 11. For the purpose of incorporating the amendment  
 1966 made by this act to section 718.112, Florida Statutes, in  
 1967 references thereto, paragraph (d) of subsection (1) of section  
 1968 718.618, Florida Statutes, is reenacted to read:  
 1969 718.618 Converter reserve accounts; warranties.—  
 1970 (1) When existing improvements are converted to ownership  
 1971 as a residential condominium, the developer shall establish  
 1972 converter reserve accounts for capital expenditures and deferred

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1973 maintenance, or give warranties as provided by subsection (6),  
 1974 or post a surety bond as provided by subsection (7). The  
 1975 developer shall fund the converter reserve accounts in amounts  
 1976 calculated as follows:

1977 (d) In addition to establishing the reserve accounts  
 1978 specified above, the developer shall establish those other  
 1979 reserve accounts required by s. 718.112(2)(f), and shall fund  
 1980 those accounts in accordance with the formula provided therein.  
 1981 The vote to waive or reduce the funding or reserves required by  
 1982 s. 718.112(2)(f) does not affect or negate the obligations  
 1983 arising under this section.

1984 Section 12. For the purpose of incorporating the amendment  
 1985 made by this act to sections 718.111 and 718.112, Florida  
 1986 Statutes, in references thereto, paragraphs (a) and (v) of  
 1987 subsection (1) of section 718.501, Florida Statutes, are  
 1988 reenacted to read:

1989 718.501 Authority, responsibility, and duties of Division  
 1990 of Florida Condominiums, Timeshares, and Mobile Homes.—

1991 (1) The division may enforce and ensure compliance with  
 1992 this chapter and rules relating to the development,  
 1993 construction, sale, lease, ownership, operation, and management  
 1994 of residential condominium units and complaints related to the  
 1995 procedural completion of milestone inspections under s. 553.899.  
 1996 In performing its duties, the division has complete jurisdiction  
 1997 to investigate complaints and enforce compliance with respect to  
 1998 associations that are still under developer control or the  
 1999 control of a bulk assignee or bulk buyer pursuant to part VII of  
 2000 this chapter and complaints against developers, bulk assignees,  
 2001 or bulk buyers involving improper turnover or failure to

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2002 turnover, pursuant to s. 718.301. However, after turnover has  
 2003 occurred, the division has jurisdiction to investigate  
 2004 complaints related only to:

2005 (a)1. Procedural aspects and records relating to financial  
 2006 issues, including annual financial reporting under s.  
 2007 718.111(13); assessments for common expenses, fines, and  
 2008 commingling of reserve and operating funds under s. 718.111(14);  
 2009 use of debit cards for unintended purposes under s. 718.111(15);  
 2010 the annual operating budget and the allocation of reserve funds  
 2011 under s. 718.112(2)(f); financial records under s.  
 2012 718.111(12)(a)11.; and any other record necessary to determine  
 2013 the revenues and expenses of the association.

2014 2. Elections, including election and voting requirements  
 2015 under s. 718.112(2)(b) and (d), recall of board members under s.  
 2016 718.112(2)(1), electronic voting under s. 718.128, and elections  
 2017 that occur during an emergency under s. 718.1265(1)(a).

2018 3. The maintenance of and unit owner access to association  
 2019 records under s. 718.111(12).

2020 4. The procedural aspects of meetings, including unit owner  
 2021 meetings, quorums, voting requirements, proxies, board of  
 2022 administration meetings, and budget meetings under s.  
 2023 718.112(2).

2024 5. The disclosure of conflicts of interest under ss.  
 2025 718.111(1)(a) and 718.3027, including limitations contained in  
 2026 s. 718.111(3)(f).

2027 6. The removal of a board director or officer under ss.  
 2028 718.111(1)(a) and (15) and 718.112(2)(p) and (q).

2029 7. The procedural completion of structural integrity  
 2030 reserve studies under s. 718.112(2)(g).

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2031 8. Any written inquiries by unit owners to the association  
2032 relating to such matters, including written inquiries under s.  
2033 718.112(2)(a)2.

2034 (v) The division shall submit to the Governor, the  
2035 President of the Senate, the Speaker of the House of  
2036 Representatives, and the chairs of the legislative  
2037 appropriations committees an annual report that includes, but  
2038 need not be limited to, the number of training programs provided  
2039 for condominium association board members and unit owners, the  
2040 number of complaints received by type, the number and percent of  
2041 complaints acknowledged in writing within 30 days and the number  
2042 and percent of investigations acted upon within 90 days in  
2043 accordance with paragraph (n), and the number of investigations  
2044 exceeding the 90-day requirement. The annual report must also  
2045 include an evaluation of the division's core business processes  
2046 and make recommendations for improvements, including statutory  
2047 changes. After December 31, 2024, the division must include a  
2048 list of the associations that have completed the structural  
2049 integrity reserve study required under s. 718.112(2)(g). The  
2050 report shall be submitted by September 30 following the end of  
2051 the fiscal year.

2052 Section 13. For the purpose of incorporating the amendment  
2053 made by this act to sections 718.111, 718.112, and 718.503,  
2054 Florida Statutes, in references thereto, subsections (1) and (3)  
2055 of section 718.706, Florida Statutes, are reenacted to read:

2056 718.706 Specific provisions pertaining to offering of units  
2057 by a bulk assignee or bulk buyer.—

2058 (1) Before offering more than seven units in a single  
2059 condominium for sale or for lease for a term exceeding 5 years,

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2060 a bulk assignee or a bulk buyer must file the following  
2061 documents with the division and provide such documents to a  
2062 prospective purchaser or tenant:

2063 (a) An updated prospectus or offering circular, or a  
2064 supplement to the prospectus or offering circular, filed by the  
2065 original developer prepared in accordance with s. 718.504, which  
2066 must include the form of contract for sale and for lease in  
2067 compliance with s. 718.503(2);

2068 (b) An updated Frequently Asked Questions and Answers  
2069 sheet;

2070 (c) The executed escrow agreement if required under s.  
2071 718.202; and

2072 (d) The financial information required by s. 718.111(13).  
2073 However, if a financial information report did not exist before  
2074 the acquisition of title by the bulk assignee or bulk buyer, and  
2075 if accounting records that permit preparation of the required  
2076 financial information report for that period cannot be obtained  
2077 despite good faith efforts by the bulk assignee or the bulk  
2078 buyer, the bulk assignee or bulk buyer is excused from the  
2079 requirement of this paragraph. However, the bulk assignee or  
2080 bulk buyer must include in the purchase contract the following  
2081 statement in conspicuous type:

2082  
2083 ALL OR A PORTION OF THE FINANCIAL INFORMATION REPORT  
2084 REQUIRED UNDER S. 718.111(13) FOR THE TIME PERIOD  
2085 BEFORE THE SELLER'S ACQUISITION OF THE UNIT IS NOT  
2086 AVAILABLE OR CANNOT BE OBTAINED DESPITE THE GOOD FAITH  
2087 EFFORTS OF THE SELLER.  
2088

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2089 (3) A bulk assignee, while in control of the board of  
 2090 administration of the association, may not authorize, on behalf  
 2091 of the association:

2092 (a) The waiver of reserves or the reduction of funding of  
 2093 the reserves pursuant to s. 718.112(2)(f)2., unless approved by  
 2094 a majority of the voting interests not controlled by the  
 2095 developer, bulk assignee, and bulk buyer; or

2096 (b) The use of reserve expenditures for other purposes  
 2097 pursuant to s. 718.112(2)(f)3., unless approved by a majority of  
 2098 the voting interests not controlled by the developer, bulk  
 2099 assignee, and bulk buyer.

2100 Section 14. For the purpose of incorporating the amendment  
 2101 made by this act to section 719.106, Florida Statutes, in a  
 2102 reference thereto, subsection (24) of section 719.103, Florida  
 2103 Statutes, is reenacted to read:

2104 719.103 Definitions.—As used in this chapter:

2105 (24) "Structural integrity reserve study" means a study of  
 2106 the reserve funds required for future major repairs and  
 2107 replacement of the cooperative property performed as required  
 2108 under s. 719.106(1)(k).

2109 Section 15. For the purpose of incorporating the amendment  
 2110 made by this act to section 719.106, Florida Statutes, in a  
 2111 reference thereto, subsection (1) of section 719.501, Florida  
 2112 Statutes, is reenacted to read:

2113 719.501 Powers and duties of Division of Florida  
 2114 Condominiums, Timeshares, and Mobile Homes.—

2115 (1) The Division of Florida Condominiums, Timeshares, and  
 2116 Mobile Homes of the Department of Business and Professional  
 2117 Regulation, referred to as the "division" in this part, in

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2118 addition to other powers and duties prescribed by chapter 718,  
 2119 has the power to enforce and ensure compliance with this chapter  
 2120 and adopted rules relating to the development, construction,  
 2121 sale, lease, ownership, operation, and management of residential  
 2122 cooperative units; complaints related to the procedural  
 2123 completion of the structural integrity reserve studies under s.  
 2124 719.106(1)(k); and complaints related to the procedural  
 2125 completion of milestone inspections under s. 553.899. In  
 2126 performing its duties, the division shall have the following  
 2127 powers and duties:

2128 (a) The division may make necessary public or private  
 2129 investigations within or outside this state to determine whether  
 2130 any person has violated this chapter or any rule or order  
 2131 hereunder, to aid in the enforcement of this chapter, or to aid  
 2132 in the adoption of rules or forms hereunder.

2133 (b) The division may require or permit any person to file a  
 2134 statement in writing, under oath or otherwise, as the division  
 2135 determines, as to the facts and circumstances concerning a  
 2136 matter to be investigated.

2137 (c) For the purpose of any investigation under this  
 2138 chapter, the division director or any officer or employee  
 2139 designated by the division director may administer oaths or  
 2140 affirmations, subpoena witnesses and compel their attendance,  
 2141 take evidence, and require the production of any matter which is  
 2142 relevant to the investigation, including the existence,  
 2143 description, nature, custody, condition, and location of any  
 2144 books, documents, or other tangible things and the identity and  
 2145 location of persons having knowledge of relevant facts or any  
 2146 other matter reasonably calculated to lead to the discovery of

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2147 material evidence. Upon failure by a person to obey a subpoena  
 2148 or to answer questions propounded by the investigating officer  
 2149 and upon reasonable notice to all persons affected thereby, the  
 2150 division may apply to the circuit court for an order compelling  
 2151 compliance.

2152 (d) Notwithstanding any remedies available to unit owners  
 2153 and associations, if the division has reasonable cause to  
 2154 believe that a violation of any provision of this chapter or  
 2155 related rule has occurred, the division may institute  
 2156 enforcement proceedings in its own name against a developer,  
 2157 association, officer, or member of the board, or its assignees  
 2158 or agents, as follows:

2159 1. The division may permit a person whose conduct or  
 2160 actions may be under investigation to waive formal proceedings  
 2161 and enter into a consent proceeding whereby orders, rules, or  
 2162 letters of censure or warning, whether formal or informal, may  
 2163 be entered against the person.

2164 2. The division may issue an order requiring the developer,  
 2165 association, officer, or member of the board, or its assignees  
 2166 or agents, to cease and desist from the unlawful practice and  
 2167 take such affirmative action as in the judgment of the division  
 2168 will carry out the purposes of this chapter. Such affirmative  
 2169 action may include, but is not limited to, an order requiring a  
 2170 developer to pay moneys determined to be owed to a condominium  
 2171 association.

2172 3. The division may bring an action in circuit court on  
 2173 behalf of a class of unit owners, lessees, or purchasers for  
 2174 declaratory relief, injunctive relief, or restitution.

2175 4. The division may impose a civil penalty against a

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2176 developer or association, or its assignees or agents, for any  
 2177 violation of this chapter or related rule. The division may  
 2178 impose a civil penalty individually against any officer or board  
 2179 member who willfully and knowingly violates a provision of this  
 2180 chapter, a rule adopted pursuant to this chapter, or a final  
 2181 order of the division. The term "willfully and knowingly" means  
 2182 that the division informed the officer or board member that his  
 2183 or her action or intended action violates this chapter, a rule  
 2184 adopted under this chapter, or a final order of the division,  
 2185 and that the officer or board member refused to comply with the  
 2186 requirements of this chapter, a rule adopted under this chapter,  
 2187 or a final order of the division. The division, prior to  
 2188 initiating formal agency action under chapter 120, shall afford  
 2189 the officer or board member an opportunity to voluntarily comply  
 2190 with this chapter, a rule adopted under this chapter, or a final  
 2191 order of the division. An officer or board member who complies  
 2192 within 10 days is not subject to a civil penalty. A penalty may  
 2193 be imposed on the basis of each day of continuing violation, but  
 2194 in no event shall the penalty for any offense exceed \$5,000. The  
 2195 division shall adopt, by rule, penalty guidelines applicable to  
 2196 possible violations or to categories of violations of this  
 2197 chapter or rules adopted by the division. The guidelines must  
 2198 specify a meaningful range of civil penalties for each such  
 2199 violation of the statute and rules and must be based upon the  
 2200 harm caused by the violation, upon the repetition of the  
 2201 violation, and upon such other factors deemed relevant by the  
 2202 division. For example, the division may consider whether the  
 2203 violations were committed by a developer or owner-controlled  
 2204 association, the size of the association, and other factors. The

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2205 guidelines must designate the possible mitigating or aggravating  
 2206 circumstances that justify a departure from the range of  
 2207 penalties provided by the rules. It is the legislative intent  
 2208 that minor violations be distinguished from those which endanger  
 2209 the health, safety, or welfare of the cooperative residents or  
 2210 other persons and that such guidelines provide reasonable and  
 2211 meaningful notice to the public of likely penalties that may be  
 2212 imposed for proscribed conduct. This subsection does not limit  
 2213 the ability of the division to informally dispose of  
 2214 administrative actions or complaints by stipulation, agreed  
 2215 settlement, or consent order. All amounts collected shall be  
 2216 deposited with the Chief Financial Officer to the credit of the  
 2217 Division of Florida Condominiums, Timeshares, and Mobile Homes  
 2218 Trust Fund. If a developer fails to pay the civil penalty, the  
 2219 division shall thereupon issue an order directing that such  
 2220 developer cease and desist from further operation until such  
 2221 time as the civil penalty is paid or may pursue enforcement of  
 2222 the penalty in a court of competent jurisdiction. If an  
 2223 association fails to pay the civil penalty, the division shall  
 2224 thereupon pursue enforcement in a court of competent  
 2225 jurisdiction, and the order imposing the civil penalty or the  
 2226 cease and desist order shall not become effective until 20 days  
 2227 after the date of such order. Any action commenced by the  
 2228 division shall be brought in the county in which the division  
 2229 has its executive offices or in the county where the violation  
 2230 occurred.

2231 (e) The division may prepare and disseminate a prospectus  
 2232 and other information to assist prospective owners, purchasers,  
 2233 lessees, and developers of residential cooperatives in assessing

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2234 the rights, privileges, and duties pertaining thereto.

2235 (f) The division has authority to adopt rules pursuant to  
 2236 ss. 120.536(1) and 120.54 to implement and enforce the  
 2237 provisions of this chapter.

2238 (g) The division shall establish procedures for providing  
 2239 notice to an association when the division is considering the  
 2240 issuance of a declaratory statement with respect to the  
 2241 cooperative documents governing such cooperative community.

2242 (h) The division shall furnish each association which pays  
 2243 the fees required by paragraph (2)(a) a copy of this act,  
 2244 subsequent changes to this act on an annual basis, an amended  
 2245 version of this act as it becomes available from the Secretary  
 2246 of State's office on a biennial basis, and the rules adopted  
 2247 thereto on an annual basis.

2248 (i) The division shall annually provide each association  
 2249 with a summary of declaratory statements and formal legal  
 2250 opinions relating to the operations of cooperatives which were  
 2251 rendered by the division during the previous year.

2252 (j) The division shall adopt uniform accounting principles,  
 2253 policies, and standards to be used by all associations in the  
 2254 preparation and presentation of all financial statements  
 2255 required by this chapter. The principles, policies, and  
 2256 standards shall take into consideration the size of the  
 2257 association and the total revenue collected by the association.

2258 (k) The division shall provide training and educational  
 2259 programs for cooperative association board members and unit  
 2260 owners. The training may, in the division's discretion, include  
 2261 web-based electronic media and live training and seminars in  
 2262 various locations throughout the state. The division may review

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2263 and approve education and training programs for board members  
 2264 and unit owners offered by providers and shall maintain a  
 2265 current list of approved programs and providers and make such  
 2266 list available to board members and unit owners in a reasonable  
 2267 and cost-effective manner.

2268 (l) The division shall maintain a toll-free telephone  
 2269 number accessible to cooperative unit owners.

2270 (m) When a complaint is made to the division, the division  
 2271 shall conduct its inquiry with reasonable dispatch and with due  
 2272 regard to the interests of the affected parties. Within 30 days  
 2273 after receipt of a complaint, the division shall acknowledge the  
 2274 complaint in writing and notify the complainant whether the  
 2275 complaint is within the jurisdiction of the division and whether  
 2276 additional information is needed by the division from the  
 2277 complainant. The division shall conduct its investigation and  
 2278 shall, within 90 days after receipt of the original complaint or  
 2279 timely requested additional information, take action upon the  
 2280 complaint. However, the failure to complete the investigation  
 2281 within 90 days does not prevent the division from continuing the  
 2282 investigation, accepting or considering evidence obtained or  
 2283 received after 90 days, or taking administrative action if  
 2284 reasonable cause exists to believe that a violation of this  
 2285 chapter or a rule of the division has occurred. If an  
 2286 investigation is not completed within the time limits  
 2287 established in this paragraph, the division shall, on a monthly  
 2288 basis, notify the complainant in writing of the status of the  
 2289 investigation. When reporting its action to the complainant, the  
 2290 division shall inform the complainant of any right to a hearing  
 2291 pursuant to ss. 120.569 and 120.57.

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2292 (n) The division shall develop a program to certify both  
 2293 volunteer and paid mediators to provide mediation of cooperative  
 2294 disputes. The division shall provide, upon request, a list of  
 2295 such mediators to any association, unit owner, or other  
 2296 participant in arbitration proceedings under s. 718.1255  
 2297 requesting a copy of the list. The division shall include on the  
 2298 list of voluntary mediators only persons who have received at  
 2299 least 20 hours of training in mediation techniques or have  
 2300 mediated at least 20 disputes. In order to become initially  
 2301 certified by the division, paid mediators must be certified by  
 2302 the Supreme Court to mediate court cases in county or circuit  
 2303 courts. However, the division may adopt, by rule, additional  
 2304 factors for the certification of paid mediators, which factors  
 2305 must be related to experience, education, or background. Any  
 2306 person initially certified as a paid mediator by the division  
 2307 must, in order to continue to be certified, comply with the  
 2308 factors or requirements imposed by rules adopted by the  
 2309 division.

2310 Section 16. For the purpose of incorporating the amendment  
 2311 made by this act to section 719.106, Florida Statutes, in  
 2312 references thereto, paragraph (a) of subsection (7) and  
 2313 paragraph (c) of subsection (20) of section 719.504, Florida  
 2314 Statutes, are reenacted to read:

2315 719.504 Prospectus or offering circular.—Every developer of  
 2316 a residential cooperative which contains more than 20  
 2317 residential units, or which is part of a group of residential  
 2318 cooperatives which will be served by property to be used in  
 2319 common by unit owners of more than 20 residential units, shall  
 2320 prepare a prospectus or offering circular and file it with the

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2321 Division of Florida Condominiums, Timeshares, and Mobile Homes  
 2322 prior to entering into an enforceable contract of purchase and  
 2323 sale of any unit or lease of a unit for more than 5 years and  
 2324 shall furnish a copy of the prospectus or offering circular to  
 2325 each buyer. In addition to the prospectus or offering circular,  
 2326 each buyer shall be furnished a separate page entitled  
 2327 "Frequently Asked Questions and Answers," which must be in  
 2328 accordance with a format approved by the division. This page  
 2329 must, in readable language: inform prospective purchasers  
 2330 regarding their voting rights and unit use restrictions,  
 2331 including restrictions on the leasing of a unit; indicate  
 2332 whether and in what amount the unit owners or the association is  
 2333 obligated to pay rent or land use fees for recreational or other  
 2334 commonly used facilities; contain a statement identifying that  
 2335 amount of assessment which, pursuant to the budget, would be  
 2336 levied upon each unit type, exclusive of any special  
 2337 assessments, and which identifies the basis upon which  
 2338 assessments are levied, whether monthly, quarterly, or  
 2339 otherwise; state and identify any court cases in which the  
 2340 association is currently a party of record in which the  
 2341 association may face liability in excess of \$100,000; and state  
 2342 whether membership in a recreational facilities association is  
 2343 mandatory and, if so, identify the fees currently charged per  
 2344 unit type. The division shall by rule require such other  
 2345 disclosure as in its judgment will assist prospective  
 2346 purchasers. The prospectus or offering circular may include more  
 2347 than one cooperative, although not all such units are being  
 2348 offered for sale as of the date of the prospectus or offering  
 2349 circular. The prospectus or offering circular must contain the

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2350 following information:  
 2351 (7) A description of the recreational and other facilities  
 2352 that will be used in common with other cooperatives, community  
 2353 associations, or planned developments which require the payment  
 2354 of the maintenance and expenses of such facilities, directly or  
 2355 indirectly, by the unit owners. The description shall include,  
 2356 but not be limited to, the following:  
 2357 (a) Each building and facility committed to be built and a  
 2358 summary description of the structural integrity of each building  
 2359 for which reserves are required pursuant to s. 719.106(1)(k).  
 2360  
 2361 Descriptions shall include location, areas, capacities, numbers,  
 2362 volumes, or sizes and may be stated as approximations or  
 2363 minimums.  
 2364 (b) An estimated operating budget for the cooperative and  
 2365 the association, and a schedule of the unit owner's expenses  
 2366 shall be attached as an exhibit and shall contain the following  
 2367 information:  
 2368 (c) The estimated items of expenses of the cooperative and  
 2369 the association, except as excluded under paragraph (b),  
 2370 including, but not limited to, the following items, which shall  
 2371 be stated as an association expense collectible by assessments  
 2372 or as unit owners' expenses payable to persons other than the  
 2373 association:  
 2374 1. Expenses for the association and cooperative:  
 2375 a. Administration of the association.  
 2376 b. Management fees.  
 2377 c. Maintenance.  
 2378 d. Rent for recreational and other commonly used areas.

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2379 e. Taxes upon association property.  
2380 f. Taxes upon leased areas.  
2381 g. Insurance.  
2382 h. Security provisions.  
2383 i. Other expenses.  
2384 j. Operating capital.  
2385 k. Reserves for all applicable items referenced in s.  
2386 719.106(1)(k).  
2387 1. Fee payable to the division.  
2388 2. Expenses for a unit owner:  
2389 a. Rent for the unit, if subject to a lease.  
2390 b. Rent payable by the unit owner directly to the lessor or  
2391 agent under any recreational lease or lease for the use of  
2392 commonly used areas, which use and payment are a mandatory  
2393 condition of ownership and are not included in the common  
2394 expense or assessments for common maintenance paid by the unit  
2395 owners to the association.  
2396 Section 17. This act shall take effect July 1, 2025.

50

**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**Division of Elections**

I, Cord Byrd, Secretary of State,  
do hereby certify that

*Charles W. Clary, III*

is duly appointed a member of the

**Board of Architecture and Interior Design**

for a term beginning on the Thirtieth day of October, A.D.,  
2024, until the Thirty-First day of October, A.D., 2025 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Twenty-Second day of November, A.D., 2024.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document.



**RON DESANTIS**  
GOVERNOR

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DEPARTMENT OF STATE

2024 NOV -8 AM 10:39

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

October 30, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 481.205, Florida Statutes:

Mr. Charles Clary  
5474 Griffith Mill Road  
Baker, Florida 32531

as a member of the Board of Architecture and Interior Design, succeeding Johnathan Toppe, subject to confirmation by the Senate. This appointment is effective October 30, 2024, for a term ending October 31, 2025.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/mp

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

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2024 NOV - 7 PM 1:59  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of Okaloosa

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

The Board of Architecture and Interior Design  
(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Ch Clary III  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 4<sup>th</sup> day of November, 2024.



JOANNA L.C. BONFANTI  
Commission # 111 261200  
Expires May 5, 2028

Joanna L.C. Bonfanti  
Signature of Officer Administering Oath or of Notary Public  
Joanna L. C. Bonfanti  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

5474 Grift Mill Rd.

Street or Post Office Box

Baker, FL. 32531

City, State, Zip Code

Charles W. Clary III  
Print Name

Ch Clary III  
Signature

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

11/4/24

Date Completed

1. Name: Clary Charles William  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 1223 Airport Bld. Destin  
Street Office # City

3. Residence Address: 5474 Griffith Mill Rd., Baker Okaloosa  
Post Office Box State Zip Code Area Code/Phone Number  
Street City County

Florida 32531  
Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address                       | City & State           | From        | To             |
|-------------------------------|------------------------|-------------|----------------|
| <u>44 Tranquility Lane,</u>   | <u>Destin, Florida</u> | <u>2000</u> | <u>2021</u>    |
| <u>5474 Griffith Mill Rd,</u> | <u>Baker, Florida</u>  | <u>2021</u> | <u>present</u> |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address                    | City & State            | From        | To          |
|----------------------------|-------------------------|-------------|-------------|
| <u>Navy Base,</u>          | <u>Charleston, S.C.</u> | <u>1969</u> | <u>1970</u> |
| <u>Navy Base,</u>          | <u>Key West, FL.</u>    | <u>1970</u> | <u>1972</u> |
| <u>Auburn Univ.</u>        | <u>Auburn, AL</u>       | <u>1972</u> | <u>1977</u> |
| <u>37 E. Country Club,</u> | <u>Destin, FL</u>       | <u>1980</u> | <u>2000</u> |
| <u>Century Pk West,</u>    | <u>Destin, FL</u>       | <u>1977</u> | <u>1980</u> |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Crestview, Florida

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? 1977

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Okaloosa B. Current Party Affiliation: Republican

12. Education

A. High School: Choctawhatchee H.S., Ft. Walton Bch., FL Year Graduated: 1968  
(Name and Location)

B. List all postsecondary educational institutions attended:

| Name & Location                 | Dates Attended   | Certificates/Degrees Received    |
|---------------------------------|------------------|----------------------------------|
| <u>Auburn Univ., Auburn, AL</u> | <u>1972-1977</u> | <u>B.S. Environmental Design</u> |
|                                 |                  | <u>B.A. Architecture</u>         |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: 1968 - 1974 (4 yrs active, 2 yrs reserve)

B. Branch or Component: Navy, Submarine Service

C. Date & type of discharge: 1974, Honorable

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| Date | Place | Nature | Disposition |
|------|-------|--------|-------------|
|      |       |        |             |
|      |       |        |             |
|      |       |        |             |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| Employer's Name & Address                                 | Type of Business    | Occupation/Job Title           | Period of Employment |
|---|---------------------|--------------------------------|----------------------|
| <u>DAG Architects<br/>1223 Airport Rd.<br/>Destin, FL</u> | <u>Architecture</u> | <u>Architect<br/>Principal</u> | <u>1981-present</u>  |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| Position                          | Employing Agency  | Period of Employment |
|-----------------------------------|-------------------|----------------------|
| <u>Florida Senate<br/>Senator</u> | <u>FL. Senate</u> | <u>1996-2006</u>     |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

Architect, 1981 - present  
Am. Institute of Architects, FL - Executive Comm.  
Senator in FL Senate  
Co-Prime Sponsor Florida Building Code Bill  
Workers Comp Joint Underwriters Assn. - Chairman (15 yrs)

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

Fellow of the American Institute of Architects, inducted 2009  
Bachelor of Architecture, Auburn University  
Bachelor of Science in Environmental Design, Auburn Univ.

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

Fellow of the Am. Institute of Architects  
Charles W. Clary Service Award 2001  
President's Award, FL Asso. Am. Institute of Architects  
Florida Firm of the year by Fla. Am. Inst. of Archt. 2007  
2024 Life Time Achievement Award from NWFLAIA 2020

D. Identify all association memberships and association offices held by you that relate to this appointment:

Member of N.W. Fla. Am. Institute of Archt. Component  
Member of Board Florida Historic Capital Museum.

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| Office Title | Date of Election or Appointment | Term of Office | Level of Government                          |
|--------------|---------------------------------|----------------|--|
| Senator      | 1996                            | 10 years       | Florida Senate                               |
| President    | 2006                            | 15 years       | of FL Workers Comp. Joint Underwriters Assn. |

\_\_\_\_\_  
\_\_\_\_\_

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: once a quarter

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u>  | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|---|------------------------|---------------------------|
| <u>During my 15 years as a member, I attended all but 2 meetings. My reason for absence was work related.</u> |                        |                           |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|             |                            |                    |
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: \_\_\_\_\_

B. Term of Appointment: \_\_\_\_\_

C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--------------------------|---------------------------------|
| <u>Architect AR0009694</u>                    | <u>1982</u>                | <u>FL. DBPR</u>          |                                 |
|   |                            |                          |                                 |
|   |                            |                          |                                 |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u>  | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|--|--------------------------------------|---|
| <u>Our Architecture firm has had the privilege of working with a variety of state and local government entities over the past 4 years, including local school districts, County Commissions, city governments, state colleges and universities, and state executive agencies. We provide comprehensive design services under contractual agreements tailored to each client's needs.</u> |                                      |   |

Additional details about our projects can be provided upon request.

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
|                       |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>           | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|-----------------------|------------------------|-----------------|-------------------------------|
| <u>Bert Anderson,</u> |                        |                 |                               |
| <u>Mike Huey</u>      |                        |                 |                               |
| <u>Trey Goodwin</u>   |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>           | <u>Mailing Address</u>  | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|-----------------------|-------------------------|----------------------------------|------------------------------|
| <u>OAG Architects</u> | <u>1223 Airport Rd.</u> | <u>Principal</u>                 | <u>1981-present</u>          |
|                       | <u>Destin, FL 32541</u> |                                  |                              |
| <u>AIA NWFL Chap.</u> | <u>Pensacola, FL.</u>   | <u>member</u>                    | <u>2019-present</u>          |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

CERTIFICATION

STATE OF FLORIDA  
COUNTY OF Okaloosa

Before me, the undersigned Notary Public of Florida, personally appeared Charles William Carey III,  
who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read  
the answers to the foregoing questions; (2) that the information contained in said answers is  
complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the  
United States and of the State of Florida.

Ch Carey III  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 4<sup>th</sup> day of November, 2024.

Joanna L.C. Bonfanti  
Signature of Notary Public-State of Florida



JOANNA L.C. BONFANTI  
Commission # HH 261200  
Expires May 5, 2026

Joanna L.C. Bonfanti  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 05/05/26

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

(seal)

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DEPARTMENT OF STATE  
2024 NOV - 7 PM 3: 02  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

## Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: Florida Board of Architecture and Interior Design

2. Current Employer and Occupation: DAG Architects, Architect

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

---

---

---

5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

Charles W. Claryth, Charlie

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.

**STATE OF FLORIDA  
DEPARTMENT OF STATE  
Division of Elections**

I, Cord Byrd, Secretary of State,  
do hereby certify that

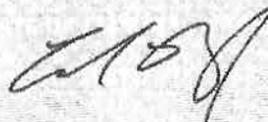
*Peter W. Jones*

is duly appointed a member of the

**Board of Architecture and Interior Design**

for a term beginning on the Thirtieth day of October, A.D.,  
2024, until the Thirty-First day of October, A.D., 2027 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Twenty-Second day of November, A.D., 2024.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 NOV -8 AM 10:40  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

October 30, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 481.205, Florida Statutes:

Mr. Peter Jones  
140 Northwest Pleasant Grove Way  
Port St. Lucie, Florida 34986

as a member of the Board of Architecture and Interior Design, succeeding John Ehrig, subject to confirmation by the Senate. This appointment is effective October 30, 2024, for a term ending October 31, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/mp

# OATH OF OFFICE

(Art. II. § 5(b), Fla. Const.)

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DEPARTMENT OF STATE  
2024 NOV 12 AM 8:39  
DIVISION OF  
TAMPA

STATE OF FLORIDA

County of St. Lucie

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Board of Architecture and Interior Design

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Peter W. Jones  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 4<sup>th</sup> day of November, 2024.

Dawn Matias

Signature of Officer Administering Oath or of Notary Public



DAWN MATIAS  
Commission # HH 535256  
Expires July 31, 2028

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

140 PW Pleasant Grove Way

Street or Post Office Box

Port St. Lucie, FL 34986

City, State, Zip Code

Peter W. Jones

Print Name

Peter W. Jones  
Signature

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

November 5, 2024

Date Completed

1. Name: Mr. Jones Peter Winslow  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 140 NW Pleasant Grove Way Port St. Lucie  
Street Office # City  
Florida 34986  
Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 140 NW Pleasant Grove Way Port St. Lucie St. Lucie  
Street City County  
Florida 34986  
Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address                   | City & State            | From | To      |
|---------------------------|-------------------------|------|---------|
| 140 NW Pleasant Grove Way | Port St. Lucie, Florida | 2019 | Present |
| 480 NE Stillwater Cove    | Port St. Lucie, Florida | 2015 | 2019    |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address        | City & State | From | To |
|----------------|--------------|------|----|
| Not Applicable |              |      |    |

5. Date of Birth: \_\_\_\_\_ Place of Birth: West Lafayette, Indiana

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2024 NOV 12 AM 9:57  
FALL HASSELL, P.O.H.S.

9. Are you a United States citizen? Yes  No  If "No" explain:

If you are a naturalized citizen, date of naturalization: Not Applicable

10. Since what year have you been a continuous resident of Florida? 1988

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: St. Lucie

B. Current Party Affiliation: Republican

12. Education

A. High School: Riviera Beach HS Riviera Beach, Florida Year Graduated: 1968  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>      | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u> |
|---------------------------------|-----------------------|--------------------------------------|
| <u>Palm Beach State College</u> | <u>1970 - 1973</u>    | <u>Associate Arts (Architecture)</u> |
| <u>University of Florida</u>    | <u>1973 - 1977</u>    | <u>Bachelor of Design</u>            |
| <u>Rice University</u>          | <u>1977 - 1980</u>    | <u>Masters Architecture</u>          |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: \_\_\_\_\_

B. Branch or Component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u>     | <u>Type of Business</u>    | <u>Occupation/Job Title</u>                    | <u>Period of Employment</u> |
|--|----------------------------|--|-----------------------------|
| <u>Discovery Land Co/Atlantic Fields</u> | <u>Private Development</u> | <u>Director of Architecture</u>                | <u>2023 - 2024</u>          |
| <u>St. Lucie County BOCC</u>             | <u>County Government</u>   | <u>Bus Navigator/Econ Dev Mgr/Co Architect</u> | <u>2015 - 2023</u>          |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u>                                | <u>Employing Agency</u>      | <u>Period of Employment</u> |
|--|------------------------------|-----------------------------|
| <u>City Planner</u>                            | <u>City of Sebastian</u>     | <u>1988 - 1990</u>          |
| <u>Long Range Planner</u>                      | <u>St. Lucie County BOCC</u> | <u>2006 - 2008</u>          |
| <u>Bus Navigator/Econ Dev Mgr/Co Architect</u> | <u>St. Lucie County BOCC</u> | <u>2015 - 2023</u>          |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

My 30-plus years of architectural experience, 20-years of service with AIA Florida (2012 Past President), Board Member and Chair of Florida Building Code Administrators Inspectors Board. A great respect for the responsibilities of this Board.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

State of Florida licensed, registered architect (AR17858)

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

AIA Florida Citizen Architect- 2014

AIA Florida Hilliard T. Smith Silver Medal- 2019

D. Identify all association memberships and association offices held by you that relate to this appointment:

President Sebastian River Area Chamber of Commerce

President AIA Treasure Coast

President Vero Beach Main Street

President, Secretary/Treasurer AIA Florida

Chair Building Code Administrators and Inspectors Board

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u> | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|---------------------|--|-----------------------|----------------------------|
| _____               | _____                                  | _____                 | _____                      |
| _____               | _____                                  | _____                 | _____                      |
| _____               | _____                                  | _____                 | _____                      |
| _____               | _____                                  | _____                 | _____                      |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: BCAIB- six meetings per year

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
|                          | <u>Not Applicable</u>  |                           |
|                          |                        |                           |
|                          |                        |                           |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|             |                            |                    |
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_  
B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No   
If "Yes", list:

A. Title of Office: Building Code Administrators and Inspectors Board  
B. Term of Appointment: Not certain  
C. Confirmation results: Confirmed

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No   
If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--------------------------|---------------------------------|
| <u>Architect/AR17858</u>                      | <u>2002</u>                | <u>Florida BOAID</u>     | <u>Letter of Guidance/2018</u>  |
|   |                            |                          |                                 |
|   |                            |                          |                                 |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
| Not Applicable        |                              |
|                       |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>          | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|----------------------|------------------------|-----------------|-------------------------------|
| Becky Magdaleno, Hon |                        |                 |                               |
| Steve Jernigan, FAIA |                        |                 |                               |
| Pete Tesch           |                        |                 |                               |
|                      |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>                           | <u>Mailing Address</u>                         | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|---------------------------------------|--|----------------------------------|------------------------------|
| AIA Florida                           | 104 E Jefferson St Tallahassee FL 32301        | President 2012                   | Approx 1994 - Present        |
| AIA Treasure Coast                    | 4498 NE Skyline Dr Jensen Beach FL 34957       | President (1999,2000,2001)       | 1994 - Present               |
| Main Street Vero Beach                | 1420 19th Place Vero Beach FL 32960            | President 2011                   | Approx 2001 - 2013           |
| Sebastian River Area Chamber Commerce | 700 Main St Sebastian FL 32958                 | President                        | Approx 1992                  |
| Guardians for New Futures, Inc        | 8561 Commerce Centre Dr Port St Lucie FL 34986 | Board Member                     | Since 2022                   |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

## Senate Confirmation Questionnaire

*Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250*

The information from this page has been requested and will be used exclusively for Minority Statistics.  
**Please type or use blue ink.**

1. Board of Interest: Board of Architecture and Interior Design

2. Current Employer and Occupation: Peter W. Jones, AIA Architect

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

5. \*Sex: Male  Female

6. \*Race: White  African-American

Hispanic-American  Asian/Pacific Islander

Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

*Peter W. Jones*

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

**MEMORANDUM**

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

CERTIFICATION

STATE OF FLORIDA

COUNTY OF St. Lucie

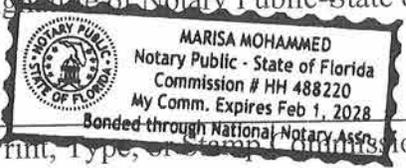
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2024 NOV 12 AM 9:56  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

Before me, the undersigned Notary Public of Florida, personally appeared Peter Winslow Jones, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

[Signature]  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 5<sup>th</sup> day of November, 2024.

[Signature]  
Signature of Notary Public - State of Florida

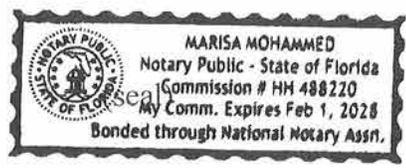


(Print, Type, or Stamp the Full Name of Notary Public)

My commission expires: February 1<sup>st</sup>, 2028

Personally Known  OR Produced Identification

Type of Identification Produced FL Driver License



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**Division of Elections**

I, Cord Byrd, Secretary of State,  
do hereby certify that

*Beverly L. Frank*

is duly appointed a member of the

**Board of Architecture and Interior Design**

for a term beginning on the Thirtieth day of October, A.D.,  
2024, until the Thirty-First day of October, A.D., 2027 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Twenty-Seventh day of December, A.D., 2024.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2" x 11" document.



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 NOV -8 AM 10:39  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

October 30, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 481.205, Florida Statutes:

Ms. Beverly Frank  
5890 38<sup>th</sup> Avenue North  
Unit 103A  
St. Petersburg, Florida 33710

as a member of the Board of Architecture and Interior Design, succeeding Miguel Rodriguez, subject to confirmation by the Senate. This appointment is effective October 30, 2024, for a term ending October 31, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/mp

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC 17 AM 11:58  
DIVISION OF ELECTIONS  
TALLAHASSEE FL

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of PINELLAS

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

BOARD OF ARCHITECTURE AND INTERIOR DESIGN  
(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

[Signature]  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 14 day of December, 2024.



SUSAN M. HELMS  
Commission # HH 562409  
Expires October 16, 2028

Susan M. Helms  
Signature of Officer Administering Oath or of Notary Public

Susan M. Helms  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced Fla D/L

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

5800 38TH AVE N UNIT 103A

Street or Post Office Box

ST. PETERSBURG, FL 33710

City, State, Zip Code

BEVERLY L. FRANK  
Print Name

[Signature]  
Signature

128158

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

11.27.2024

Date Completed

1. Name: MRS FRANK BEVERLY LEE/CREADON  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 4836 W GANDY BLVD TAMPA  
Street City  
FLORIDA 33611  
Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 5890 38TH AVE N APT 103A ST. PETERSBURG PINELLAS  
Street City County  
FLORIDA 33710  
Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # N/A (optional)

4. A. List all your places of residence for the last five (5) years.

| Address                      | City & State              | From        | To             |
|------------------------------|---------------------------|-------------|----------------|
| <u>5890 38TH AVE N #103A</u> | <u>ST. PETERSBURG, FL</u> | <u>2012</u> | <u>PRESENT</u> |
|                              |                           |             |                |
|                              |                           |             |                |
|                              |                           |             |                |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address               | City & State         | From           | To             |
|-----------------------|----------------------|----------------|----------------|
| <u>266 WRIGHT WAY</u> | <u>LAKE WARE, NC</u> | <u>11/2014</u> | <u>PRESENT</u> |
|                       |                      |                |                |
|                       |                      |                |                |
|                       |                      |                |                |

5. Date of Birth: \_\_\_\_\_ Place of Birth: BITBURG MILITARY HOSPITAL, GERMANY

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: FLORIDA

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

BEVERLY LEE CREADON

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC 17 AM 11:58

9. Are you a United States citizen? Yes  No  If "No" explain:

If you are a naturalized citizen, date of naturalization: N/A

10. Since what year have you been a continuous resident of Florida? 1971

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: PINELLAS

B. Current Party Affiliation: REPUBLICAN

12. Education

A. High School: NORTHEAST HIGH, ST. PETERSBURG, FL Year Graduated: 1989  
(Name and Location)

B. List all postsecondary educational institutions attended:

| Name & Location          | Dates Attended   | Certificates/Degrees Received          |
|--------------------------|------------------|--|
| <u>UNIV. OF SOUTH FL</u> | <u>2002-2005</u> | <u>MASTER OF ARCHITECTURE</u>          |
| <u>UNIV. OF SOUTH FL</u> | <u>1998-2001</u> | <u>BACHELOR SCIENCE/ARTS CUM LAUDE</u> |
| <u>HILLSBOROUGH CC</u>   | <u>1994-1997</u> | <u>ASSOCIATE IN ARTS</u>               |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: N/A

B. Branch or Component: N/A

C. Date & type of discharge: N/A

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| Date       | Place | Nature | Disposition |
|------------|-------|--------|-------------|
| <u>N/A</u> |       |        |             |
|            |       |        |             |
|            |       |        |             |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| Employer's Name & Address              | Type of Business    | Occupation/Job Title | Period of Employment |
|--|---------------------|----------------------|----------------------|
| <u>BERANK STUDIO 4836 W GANDY BLVD</u> | <u>ARCHITECTURE</u> | <u>ARCHITECT</u>     | <u>04/2016-PRES</u>  |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No  If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| Position   | Employing Agency | Period of Employment |
|------------|------------------|----------------------|
| <u>N/A</u> |                  |                      |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

LICENSED ARCHITECT SINCE 2011; IMMEDIATE PAST PRESIDENT OF THE AMERICAN INSTITUTE OF ARCHITECTS FLORIDA; BOARD MEMBER OF AIA FLORIDA SINCE 2017; CURRENTLY APPOINTED TO THE FLORIDA COUNCIL ON ARTS & CULTURE; PRACTICING ARCHITECT WITH EXTENSIVE EXPERIENCE IN INSTITUTIONAL AND COMMERCIAL ARCHITECTURE & INTERIOR DESIGN; ADJUNCT PROFESSOR - UNIVERSITY OF SOUTH FLORIDA SCHOOL OF ARCHITECTURE AND COMMUNITY DESIGN

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

FLORIDA LICENSED ARCHITECT AR 95116; FLORIDA REGISTERED INTERIOR DESIGNER ID 7008; LEED AP CERTIFICATION; GREEN GLOBES PROFESSIONAL CERTIFICATION; CONSTRUCTION SPECIFICATIONS INSTITUTE - CONSTRUCTION DOCUMENTS TECHNOLOGIST CERTIFIED; MEMBER - AIA; MASTER OF ARCHITECTURE DEGREE (USF)

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

2024 - AIA FL PRESIDENTIAL CITATION; 2021 - PULLARA AWARD FOR SERVICE TO THE PROFESSION; 2019 - CITIZEN ARCHITECT; 2012 - GARCIA AWARD FOR DESIGN EXCELLENCE AIA TAMPA BAY; 2005 - GARCIA AWARD FOR DESIGN EXCELLENCE USF SCHOOL OF ARCHITECTURE & COMMUNITY DESIGN

D. Identify all association memberships and association offices held by you that relate to this appointment:

2024 - IMMEDIATE PAST PRESIDENT, AIA FLORIDA (TERM ENDS 12/2024)  
2024 - FLORIDA ARCHITECTS POLITICAL ACTION COMMITTEE, FAPAC - BOARD MEMBERSHIP; NATIONAL COUNCIL ARCHITECTURAL REGISTRATION BOARD; GREEN GLOBES; CONSTRUCTION SPECIFICATIONS INSTITUTE; THE NATIONAL FIRE PROTECTION ASSOCIATION; BUILDING OFFICIAL ASSOC. OF FLORIDA; AMERICAN INSTITUTE OF ARCHITECTS

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

N/A

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| Office Title   | Date of Election or Appointment | Term of Office | Level of Government |
|----------------|---------------------------------|----------------|---------------------|
| COUNCIL MEMBER | 2024                            | 5 YEAR         | STATE COUNCIL       |
|                |                                 |                |                     |
|                |                                 |                |                     |
|                |                                 |                |                     |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: QUARTERLY

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
| <u>N/A</u>               |                        |                           |
|                          |                        |                           |
|                          |                        |                           |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
| <u>N/A</u>  |                            |                    |
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: N/A C. Reason for suspension: N/A

B. Date of suspension: N/A D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: N/A

B. Term of Appointment: N/A

C. Confirmation results: N/A

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

N/A

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u>          | <u>Disciplinary Action/Date</u> |
|---|----------------------------|-----------------------------------|---------------------------------|
| <u>AR95616</u>                                | <u>01/24/2011</u>          | <u>BOARD - DBPR</u>               | <u>NONE</u>                     |
| <u>ID 7008</u>                                | <u>01/31/2023</u>          | <u>BOARD - DBPR</u>               | <u>NONE</u>                     |
| <u>A088882</u>                                | <u>05/19/1994</u>          | <u>FL. DEPT OF FINANCIAL SVCS</u> | <u>NONE</u>                     |
|   |                            |                                   |                                 |
|   |                            |                                   |                                 |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u>          | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|----------------------------------|--------------------------------------|---|
| <u>UNIVERSITY OF FLORIDA</u>     | <u>CONSULTANT</u>                    | <u>NONE</u>                             |
| <u>UNIVERSITY OF SO. FLORIDA</u> | <u>CONSULTANT</u>                    | <u>NONE</u>                             |
| <u>CITY OF PINELLAS PARK</u>     | <u>CONSULTANT</u>                    | <u>NONE</u>                             |
| <u>DEPT OF MILITARY AFFAIRS</u>  | <u>CONSULTANT</u>                    | <u>NONE</u>                             |
|                                  |                                      |   |
|                                  |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| Name of Business | Family Member's Relationship to You | Family Member's Relationship to Business | Business' Relationship to Agency |
|------------------|-------------------------------------|--|----------------------------------|
| JABIL            | BROTHER                             | SR. EXEC VP (PREVIOUS)                   | NONE                             |
|                  |                                     |  |                                  |
|                  |                                     |  |                                  |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| Agency Lobbied | Principal Represented |
|----------------|-----------------------|
| NIA            |                       |
|                |                       |
|                |                       |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| Name               | Mailing Address | Zip Code | Area Code/Phone Number |
|--------------------|-----------------|----------|------------------------|
| STEVEN J CARPENTER |                 |          |                        |
| RAYMOND GONZALEZ   |                 |          |                        |
| BECKY MAGDELANO    |                 |          |                        |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| Name                                  | Mailing Address                            | Office(s) Held & Term  | Date(s) of Membership |
|---------------------------------------|--|------------------------|-----------------------|
| NA FLORIDA                            | 114 E JEFFERSON ST                         | BOARD - 2017-2024      | 2014 TO PRESENT       |
| FAPAC                                 | 114 E JEFFERSON ST                         | BOARD - 2021 - PRESENT | 2021 TO PRESENT       |
| CONSTRUCTION SPECIFICATIONS INSTITUTE |  | NONE                   | 2020 TO PRESENT       |
| BOAF                                  | PO BOX 5247 DELTONA, FL 32728              | NONE                   | 2020 TO PRESENT       |
| NFPA                                  | 1 BATTERY MARCH PARK QUINCY, MA 02169-7471 | NONE                   | 2021 TO PRESENT       |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

NIA

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30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

CERTIFICATION

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC 17 AM 11:58  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA  
COUNTY OF PINELLAS

Before me, the undersigned Notary Public of Florida, personally appeared BEVERLY L. FRANK, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

[Signature]  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 14 day of December, 2024.

[Signature]  
Signature of Notary Public-State of Florida



SUSAN M. HELMS  
Commission # HH 562409  
Expires October 16, 2028

Susan M. Helms  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 10-16-28

Personally Known  OR Produced Identification

Type of Identification Produced Fla D/L

(seal)

# Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: BOARD OF ARCHITECTURE AND INTERIOR DESIGN

2. Current Employer and Occupation: BFRANK STUDIO, LLC / ARCHITECT

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

N/A

5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor. NO

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

YES. CURRENTLY VOLUNTEER WITH PAGE GIRLS AND WILLING TO VOLUNTEER TO ANY ORGANIZATIONS OF SPECIAL INTEREST TO THE GOVERNOR.

BEVERLY L. FRANK, AIA  
Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*John Carroll*

is duly appointed a member of the  
**Barbers' Board**

for a term beginning on the Twenty-Fifth day of November,  
A.D., 2024, until the Thirty-First day of October, A.D., 2025  
and is subject to be confirmed by the Senate during the next  
regular session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Seventeenth day of December, A.D., 2024.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document.



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC -6 PM 1:50  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

November 25, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 476.054, Florida Statutes:

Mr. John Carroll

as a member of the Barbers' Board, filling a vacant seat previously occupied by Monica Smith, subject to confirmation by the Senate. This appointment is effective November 25, 2024, for a term ending October 31, 2025.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/gc

AND DELIVERED

RECEIVED

2024 DEC -2 AM 9:18

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of Leon

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

FLORIDA BARBERS' BOARD

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

[Signature]  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 2 day of December, 2024.



DAWN REICHMUTH  
Commission # HH1386488  
Expires March 21, 2027

Dawn Reichmuth

Signature of Officer Administering Oath or of Notary Public

Dawn Reichmuth

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

Street or Post Office Box

JOHN CARROLL

Print Name

City, State, Zip Code

[Signature]  
Signature

HAND DELIVERED

### QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

11/28/2024

1. Name: Mr Carroll John Thomas  
 Mr./Mrs./Ms. Last First Middle/Maiden  
 Date Completed

2. Business Address: \_\_\_\_\_  
 Street Office # City  
 Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: \_\_\_\_\_  
 Street City County  
 Post Office Box State Zip Code Area Code/Phone Number  
 Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_  
 (optional)

4. A. List all your places of residence for the last five (5) years.

| Address | City & State | From | To |
|---------|--------------|------|----|
|         |              |      |    |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address | City & State | From | To |
|---------|--------------|------|----|
|         |              |      |    |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Mineola, NY  
 6. Social Security Number: \_\_\_\_\_  
 7. Driver License Number: \_\_\_\_\_ Issuing State: FL  
 8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2024 DEC -2 AM 9: 9  
 FALL IN MASSIE, FL  
 RECEIVED

9. Are you a United States citizen? Yes  No  If "No" explain:

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? 2012

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Hernando

B. Current Party Affiliation: Republican

12. Education

A. High School: Central High School

Year Graduated: 2007

(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>  | <u>Dates Attended</u>  | <u>Certificates/Degrees Received</u>      |
|-----------------------------|------------------------|---|
| <u>Saint Leo University</u> | <u>01/2013-12/2016</u> | <u>BA History &amp; Political Science</u> |
| <u>Saint Leo University</u> | <u>01/2013-12/2016</u> | <u>Undergrad Cert. Homeland Security</u>  |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: 06/27/2007- 11/27/2011

B. Branch or Component: US Army Military Police

C. Date & type of discharge: 11/27/2011 Medical Honorable Retirement

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u>    | <u>Place</u>           | <u>Nature</u>   | <u>Disposition</u> |
|----------------|------------------------|-----------------|--------------------|
| <u>03/2017</u> | <u>Brooksville, FL</u> | <u>Speeding</u> | <u>Paid</u>        |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u> | <u>Type of Business</u> | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|--------------------------------------|-------------------------|-----------------------------|-----------------------------|
| <u>Florida State Guard</u>           | <u>State Agency</u>     | <u>Sergeant</u>             | <u>02/2024- Present</u>     |
| <u>Florida Dept of Corrections</u>   | <u>State Agency</u>     | <u>Sergeant</u>             | <u>02/2019- 10/2024</u>     |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u>  | <u>Employing Agency</u> | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|--|-------------------------|-----------------------------|-----------------------------|
| <u>Florida State Guard</u>                               | <u>State Agency</u>     | <u>Sergeant</u>             | <u>02/2024- Present</u>     |
| <u>Florida Dept of Corrections</u>                       | <u>State Agency</u>     | <u>Sergeant</u>             | <u>02/2019- 10/2024</u>     |
| <u>Florida Dept of Economic Opportunity State Agency</u> | <u>State Agency</u>     | <u>Sergeant</u>             | <u>08/2017- 06/2018</u>     |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

Hernando County Housing Authority 2022- Present  
Hernando County Planning & Zoning Commission 2021- 2022  
Oldsmar Board of Adjustment 2018- 2020

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

Saint Leo University                      01/2013-12/2016                      BA History & Political Science

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Identify all association memberships and association offices held by you that relate to this appointment:

N/A

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u>                          | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|--|--|-----------------------|----------------------------|
| Hernando County Housing Authority            | 2022-                                  | Present               |                            |
| Hernando County Planning & Zoning Commission | 2021-                                  | 2022                  |                            |
| Oldsmar Board of Adjustment                  | 2018-                                  | 2020                  |                            |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: Monthly

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
| _____                    | _____                  | _____                     |
| _____                    | _____                  | _____                     |
| _____                    | _____                  | _____                     |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
| _____       | _____                      | _____              |
| _____       | _____                      | _____              |
| _____       | _____                      | _____              |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_  
B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No   
If "Yes", list:

A. Title of Office: \_\_\_\_\_  
B. Term of Appointment: \_\_\_\_\_  
C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No   
If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate<br/>Title &amp; Number</u> | <u>Original<br/>Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|--------------------------------|--------------------------|---------------------------------|
| Florida Correctional Officer                      | 08/2019                        | State of Florida         | N/A                             |
| _____   | _____                          | _____                    | _____                           |
| _____   | _____                          | _____                    | _____                           |
| _____   | _____                          | _____                    | _____                           |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
| _____                   | _____                                | _____                                   |
| _____                   | _____                                | _____                                   |
| _____                   | _____                                | _____                                   |
| _____                   | _____                                | _____                                   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
|                       |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>            | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|------------------------|------------------------|-----------------|-------------------------------|
| Councilman Dave Neuman |                        |                 |                               |
| Sarah Huggett          |                        |                 |                               |
| Jamie Merchant         |                        |                 |                               |
|                        |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>                            | <u>Mailing Address</u> | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|--|------------------------|----------------------------------|------------------------------|
| Military Police Regimental Association |                        | Lifetime Member                  | 2012- Present                |
| Disabled American Veterans             |                        | Lifetime Member                  | 2012- Present                |
| Omicron Delta Kappa NHS                |                        | Member                           | 2015- Present                |
| Pi Sigma Alpha NHS                     |                        | Member                           | 2016- Present                |
| Alpha Phi Sigma NHS                    |                        | Member                           | 2013- Present                |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

HAND DELIVERED

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2024 DEC -2 AM 9:18

CERTIFICATION

OFFICE OF REGISTRATIONS  
TALLAHASSEE, FL

STATE OF FLORIDA  
COUNTY OF Leon

Before me, the undersigned Notary Public of Florida, personally appeared \_\_\_\_\_,

who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

[Signature]  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 2 day of December, 2024.

Dawn Reichmuth  
Signature of Notary Public-State of Florida

Dawn Reichmuth  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 3-21-27

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

(seal)



DAWN REICHMUTH  
Commission # FN1306406  
Expires March 21, 2027

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) Former Law Enforcement

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

## Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: Florida Barbers' Board

2. Current Employer and Occupation: Florida State Guard- Sergeant

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

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5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

JOHN THOMAS CARROLL

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

120

**STATE OF FLORIDA  
DEPARTMENT OF STATE  
Division of Elections**

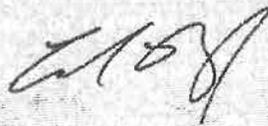
I, Cord Byrd, Secretary of State,  
do hereby certify that

***John Norman Garra***

is duly appointed a member of the  
**Florida Building Commission**

for a term beginning on the Twenty-Fourth day of October,  
A.D., 2024, until the Twenty-First day of November, A.D., 2027  
and is subject to be confirmed by the Senate during the next  
regular session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Twenty-Second day of November, A.D., 2024.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11 document



**RON DESANTIS**  
GOVERNOR

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DEPARTMENT OF STATE  
2024 OCT 31 AM 11:22  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

October 24, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 553.74, Florida Statutes:

Mr. John Garra  
3321 Northwest 97<sup>th</sup> Avenue  
Sunrise, Florida 33351

as a member of the Florida Building Commission, succeeding Jeffrey Gross, subject to confirmation by the Senate. This appointment is effective October 24, 2024, for a term ending November 21, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/es

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DEPARTMENT OF STATE  
2024 NOV -5 AM 8:21  
DIVISION OF ELECTIONS  
TALLAHASSEE FL

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of Broward

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Building Commissioner  
(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

John  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 30 day of October, 2024.



Jacqueline S. Krevat  
Signature of Officer Administering Oath or of Notary Public  
Jacqueline S. Krevat  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification   
Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

3321 NW 97 Avenue

Street or Post Office Box

Sunrise, FL 33351

City, State, Zip Code

Mr. John Norman Garra

Print Name

John  
Signature

127782

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

October 29, 2024

Date Completed

1. Name: Mr. Garra John Norman  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 3321 NW 97 Avenue Sunrise  
Street Office # City  
Florida 33351  
Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 3321 NW 97 Avenue Sunrise  
Street City County  
Florida 33351  
Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address                   | City & State       | From                 | To             |
|---------------------------|--------------------|----------------------|----------------|
| <u>3321 NW 97 Avenue,</u> | <u>Sunrise, FL</u> | <u>December 2003</u> | <u>Present</u> |
|                           |                    |                      |                |
|                           |                    |                      |                |
|                           |                    |                      |                |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address  | City & State              | From                    | To                   |
|--|---------------------------|-------------------------|----------------------|
| <u>1707 Bruce Ave, Cincinnati,</u>   | <u>OH 45223</u>           | <u>December 2000 to</u> | <u>June 2003</u>     |
| <u>3660 Vineyard Pl, Cincinnati,</u>   | <u>OH 45226</u>           | <u>Dec. 1997 to</u>     | <u>December 2000</u> |
| <u>3519 Cornell Pl, Cincinnati,</u>  | <u>OH 45220</u>           | <u>Dec. 1996 to</u>     | <u>Dec. 1997</u>     |
| <u>(Approximate address) 15A Greenland Rd,</u>   | <u>London NW1 0AX, UK</u> | <u>June 1996 to</u>     | <u>Dec. 1996</u>     |
| <u>See the "John N. Garra's Former Residences Supplemental Information" attached to this document.</u> |                           |                         |                      |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Buffalo, NY

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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NOV 15 AM 9:20  
DIVISION OF ELECTIONS  
TALLAHASSEE FL

## John N. Garra's Former Residences Supplemental Information for State of Florida Board Appointment Questionnaire

I would like to explain that I changed residences many times while completing my university degree as a result of the University of Cincinnati's Cooperative Education program (Co-op) in which I alternated between on campus university studies, employment at various companies and travel abroad that complimented my education. Therefore, I have compiled the remainder of my list of residences to the best of my ability below.

### Address:

3519 Cornell Pl, Cincinnati, OH 45220  
(Approximate address) 15A Greenland Rd, London NW1 0AX, UK  
2935 Marshall Ave, Cincinnati, OH 45220  
(Approximate address) 26-23 29th St, Queens, NY 11102  
(Approximate address) 3206 Glendora Ave, Cincinnati, OH 45220  
(Approximate address) Louisville, KY  
114 E McMillan St, Cincinnati, OH 45219  
(Approximate address) St James Ct, Louisville, KY 40208  
114 E McMillan St, Cincinnati, OH 45219  
45 W Daniels St, Cincinnati, OH 45219  
6611 Burke Rd, Lake View, NY 14085

### Approximate Dates:

Dec. 1996 to Dec. 1997  
June 1996 to Dec. 1996  
March 1996 to June 1996  
Jan. 1996 to March 1996  
Sept. 1995 to Jan. 1996  
June 1995 to Sept. 1995  
March 1995 to June 1995  
Jan. 1995 to March 1995  
Sept. 1994 to Jan. 1995  
Sept. 1993 to Sept. 1994  
Sept. 1989 to Sept. 1993

9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: N.A.

10. Since what year have you been a continuous resident of Florida? 2003

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Broward B. Current Party Affiliation: Republican

12. Education

A. High School: Frontier Senior High School, Blasdell, NY Year Graduated: 1990  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>                      | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u> |
|---|-----------------------|--------------------------------------|
| <u>University of Cincinnati, Cincinnati, OH</u> | <u>1993-1999</u>      | <u>Bachelor of Architecture</u>      |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: \_\_\_\_\_

B. Branch or Component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u> | <u>Type of Business</u>                          | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|--------------------------------------|--|-----------------------------|-----------------------------|
| <u>Square One Architecture, Inc.</u> | <u>Architectural Design &amp; ADA Consulting</u> | <u>President</u>            | <u>May, 2005 - present</u>  |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u> | <u>Period of Employment</u> |
|-----------------|-------------------------|-----------------------------|
| _____           | _____                   | _____                       |
| _____           | _____                   | _____                       |
| _____           | _____                   | _____                       |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

I have been a licensed and practicing Architect in the State of Florida for 19 years.

I am a Certified General Contractor in the state of Florida.

I am co-chairman of the Building Owners and Managers Assoc. (BOMA) Building Code Committee.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

Bachelor of Architecture degree; Leadership in Energy & Environmental Design

Accredited Professional (LEED ap); National Council of Architectural

Florida Certified General Contractor, Registration Boards (NCARB) Certificate 69859

\_\_\_\_\_

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

City of Ft Laud Community Appearance Board Wow! Project of the Year (2013);

City of Ft Laud C.A.B. Residential Project of the Year (2013); S Fla US Green Building Council,

LEED Retail Project of the Year (2011); USGBC LEED Gold, Retail

\_\_\_\_\_

D. Identify all association memberships and association offices held by you that relate to this appointment:

Fla. Building Comm, Technical Adv Comm Member 2021-present

Fla. Building Comm, Roofing Techn Adv Comm Member 2021

Accessibility Profess. Association (Rocky Mt Chapt) Member 2022-present

BOMA Florida Codes Committee, Vlce Chm 2020-present

American Institute of Arch, Ft Lauderdale Board Member 2009-2013

American Institute of Arch, Ft Lauderdale, Committee On The Envirn. Founder & Chm 2006-2008

\_\_\_\_\_

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u>                   | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|---------------------------------------|--|-----------------------|----------------------------|
| <u>Member, FL Bldg Commission TAC</u> | <u>2021-present</u>                    | <u>N.A.</u>           | <u>State</u>               |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: Irregularly and as needed.

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
|--------------------------|------------------------|---------------------------|

|                                      |  |  |
|--------------------------------------|--|--|
| <u>No meetings have been missed.</u> |  |  |
|                                      |  |  |
|                                      |  |  |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_  
B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: \_\_\_\_\_  
B. Term of Appointment: \_\_\_\_\_  
C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate</u>                  | <u>Original</u>      | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|----------------------|--------------------------|---------------------------------|
| <u>Title &amp; Number</u>                   | <u>Issue Date</u>    |                          |                                 |
| <u>Architect AR92545</u>                    | <u>May 6, 2005</u>   | <u>State of Florida</u>  | <u>None</u>                     |
| <u>Certif General Contractor CGC1520000</u> | <u>Sept 20, 2011</u> | <u>State of Florida</u>  | <u>None</u>                     |
|   |                      |                          |                                 |
|   |                      |                          |                                 |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u>              | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u>                                       |
|--------------------------------------|--------------------------------------|---|
| <u>Square One Architecture, Inc.</u> | <u>President</u>                     | <u>Provided consulting for the Cities of Miami Shores &amp; Miami Springs</u> |
|                                      |                                      |   |
|                                      |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u>  |
|-------------------------|--|---|--|
| Motorola Solutions      | Wife                                       | Employee  | The company likely has provided products and services for several agencies. I do not know details. |
|                         |  |   |  |
|                         |  |   |  |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
|                       |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>               | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|---------------------------|------------------------|-----------------|-------------------------------|
| Jeffery Gross             |                        |                 |                               |
| Christine Fuqua Gay, Esq. |                        |                 |                               |
| Zasha Abbott, Esquire     |                        |                 |                               |
|                           |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>                  | <u>Mailing Address</u>          | <u>Office(s) Held &amp; Term</u>       | <u>Date(s) of Membership</u> |
|------------------------------|---------------------------------|--|------------------------------|
| Amer Institute of Arch,      | Ft Lauderdale; 3501 Griffin Rd, | Ft Lauderdale, FL; Sec, Trs, VP;       | 2005-Present                 |
| BOMA Florida;                | 1372 S Narcoossee Rd, 113,      | St Cloud, FL; Code Committee, Vice Chm | 2020-present                 |
| Accessibility Profess Assoc; | 5114 Balcones Woods Dr,         | Austin, TX; Member;                    | 2022-present                 |
|                              |                                 |  |                              |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

**CERTIFICATION**

**STATE OF FLORIDA**

**COUNTY OF** Broward

Before me, the undersigned Notary Public of Florida, personally appeared John N. Garra, who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

*[Handwritten Signature]*

Signature of Applicant-Affiant

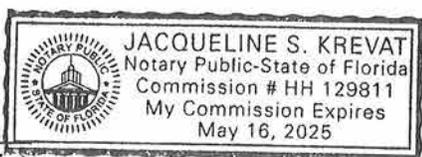
Sworn to and subscribed before me this 30 day of October, 2024

*[Handwritten Signature]*

Signature of Notary Public-State of Florida

*Jacqueline S. Krevat*

(Print/Type, or Stamp Commissioned Name of Notary Public)



My commission expires: 5/16/2025

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

(seal)

RECEIVED  
DEPARTMENT OF STATE  
2024 NOV - 5 AM 8:21  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

No. None.

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

# Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: Florida Building Commission

2. Current Employer and Occupation: Square One Architecture, Inc. Architect

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor. No. None.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor. No. None.

John N. Garra

\_\_\_\_\_  
Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

410

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*Fred H. Kobie*

is duly appointed a member of the  
**Construction Industry Licensing Board**

for a term beginning on the Thirteenth day of December, A.D.,  
2024, until the Thirty-First day of October, A.D., 2028 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Second day of January, A.D., 2025.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document.



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC 27 AM 11:26  
DIVISION OF ELECTIONS  
TALLAHASSEE FL

December 13, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 489.107, Florida Statutes:

Mr. Fred Kobie  
1526 Pollywog Crossover Road  
LaBelle, Florida 33935

as a member of the Construction Industry Licensing Board, subject to confirmation by the Senate. This appointment is effective December 13, 2024, for a term ending October 31, 2028.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/gc

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC 18 PM 12:57  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of Glades

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Construction Industry Licensing Board  
(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

[Signature]  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 17 day of December, 2024.

[Signature]  
Signature of Officer Administering Oath or of Notary Public

Kathy Dove  
Print, Type, or Stamp Commissioned Name of Notary Public



Personally Known  or Produced Identification

Type of Identification Produced Personally Known

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

1526 Pollywag Crossover Rd

Street or Post Office Box

Fred H. Kobie  
Print Name

LaBelle, FL 33935

City, State, Zip Code

[Signature]  
Signature

12/15/24

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

12/16/2024  
Date Completed

1. Name: MR Kobie Fred H  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 4697 Elevation Way Ft Myers  
Street Office # City  
Florida 33905  
Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 1526 Pollywog Crossover Rd, Labelle Glades  
Street City County  
FL 33935  
Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address                            | City & State       | From        | To             |
|------------------------------------|--------------------|-------------|----------------|
| <u>1526 Pollywog Crossover Rd,</u> | <u>Labelle, FL</u> | <u>4/21</u> | <u>Current</u> |
| <u>20101 Langford Rd,</u>          | <u>Alva FL</u>     | <u>2003</u> | <u>4/2021</u>  |
|                                    |                    |             |                |
|                                    |                    |             |                |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address               | City & State     | From             | To |
|-----------------------|------------------|------------------|----|
| <u>1055 McKean Rd</u> | <u>Ambler PA</u> | <u>1985-1988</u> |    |
|                       |                  |                  |    |
|                       |                  |                  |    |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Phila, PA

6. Social Security Number: \_\_\_\_\_

7. Driver License Number \_\_\_\_\_ State: FL

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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ELECTIONS

9. Are you a United States citizen? Yes  No  If "No" explain:

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? 1988

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: GLADES

B. Current Party Affiliation: REPUBLICAN

12. Education

A. High School: Cypress Lake High, Ft Myers Year Graduated: 1983 GED  
(Name and Location)

B. List all postsecondary educational institutions attended:

| Name & Location  | Dates Attended   | Certificates/Degrees Received |
|--|------------------|-------------------------------|
| <u>Edison Community / <del>FL</del> SW State College</u> | <u>1992-2020</u> | <u>1992-2020</u>              |
| <u>Kennedy Western</u>                                   | <u>2006</u>      | <u>Bachelors Degree</u>       |
|  |                  | <u>IN BUSINESS</u>            |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: 12/1983 - 4/1985

B. Branch or Component: US Army - 82nd Airborne Division

C. Date & type of discharge: 4/1985 General Discharge

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| Date | Place | Nature | Disposition |
|------|-------|--------|-------------|
|      |       |        |             |
|      |       |        |             |
|      |       |        |             |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| Employer's Name & Address        | Type of Business        | Occupation/Job Title | Period of Employment |
|----------------------------------|-------------------------|----------------------|----------------------|
| <u>Kobie Kooling</u>             | <u>HVAC Contracting</u> | <u>President</u>     | <u>1996-Current</u>  |
| <u>Kobie Inspection Services</u> | <u>Home Inspector</u>   | <u>President</u>     | <u>2006-current</u>  |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| Position            | Employing Agency                               | Period of Employment |
|---------------------|--|----------------------|
| <u>Fire-fighter</u> | <u>Estero Florida Fire Protection District</u> | <u>9/91 - 12/93</u>  |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

Current Board member - CILB  
HVAC Contractor  
Home Inspector  
Mold Assessor  
Bachelor of Business

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Identify all association memberships and association offices held by you that relate to this appointment:

Appointed CILB 12/2022  
Appointed Lee County Value Adjustment Board

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| Office Title           | Date of Election or Appointment | Term of Office | Level of Government |
|------------------------|---------------------------------|----------------|---------------------|
| CILB                   | 12/22                           | 2yr            | State               |
| Value Adjustment Board |                                 | 2yr            | County              |
|                        |                                 |                |                     |
|                        |                                 |                |                     |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: CILB - Monthly, VAB - Periodically

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
| <u>All</u>               | <u>None</u>            |                           |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: CILB

B. Term of Appointment: 2 yrs

C. Confirmation results: Confirmed

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--------------------------|---------------------------------|
| <u>CAC 1813722</u>                            | <u>9/8/03</u>              | <u>DBPR</u>              | <u>NONE</u>                     |
| <u>HI 2504</u>                                | <u>3/3/11</u>              | <u>DBPR</u>              | <u>NONE</u>                     |
| <u>MRSA 234</u>                               | <u>12/28/10</u>            | <u>DBPR</u>              | <u>NONE</u>                     |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
|                         |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
| N/A                   |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>            | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|------------------------|------------------------|-----------------|-------------------------------|
| Mike Cunningham        |                        |                 |                               |
| Joseph Timm            |                        |                 |                               |
| Darrell Hill - Private |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>    | <u>Mailing Address</u>        | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|----------------|-------------------------------|----------------------------------|------------------------------|
| LaBelle Rotary | PO Box 3043 LaBelle, FL 33975 | President, X2                    | 2012 - Current               |
|                |                               |                                  |                              |
|                |                               |                                  |                              |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

N/A

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

CERTIFICATION

STATE OF FLORIDA  
COUNTY OF Glades

Before me, the undersigned Notary Public of Florida, personally appeared Fred H Kobic, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

[Signature]  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 17 day of December, 2024

[Signature]  
Signature of Notary Public-State of Florida

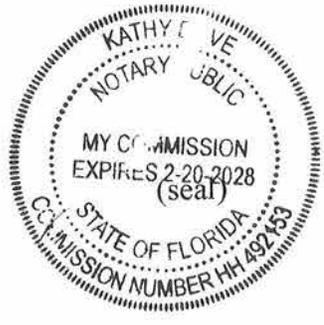
Kathy Dove  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 2-20-2028

Personally Known  OR Produced Identification

Type of Identification Produced Personally Known

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC 18 PM 12:57  
DIVISION OF ELECTIONS  
TALLAHASSEE FL



# Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: Construction Industry Licensing Board

2. Current Employer and Occupation: Kobie Kooling Inc, Contractor

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

5. \*Sex: Male  Female

6. \*Race: White  African-American

Hispanic-American  Asian/Pacific Islander

Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

NO

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

NO

Fred H. Kobie  
Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

420

**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**Division of Elections**

I, Cord Byrd, Secretary of State,  
do hereby certify that

***Brian Zettle***

is duly appointed a member of the

**Construction Industry Licensing Board**

for a term beginning on the Thirteenth day of December, A.D.,  
2024, until the Thirty-First day of October, A.D., 2027 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Twenty-Eighth day of January, A.D., 2025.*



Handwritten signature of Cord Byrd, Secretary of State.

Secretary of State

State of Florida appears in small letters across the face of this 8 1/2 x 11 document

If photocopied or chemically altered, the word "VOID" will appear.



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC 27 AM 11:26  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

December 13, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 489.107, Florida Statutes:

Mr. Brian Zettle  
7492 Bradfordville Road  
Tallahassee, Florida 32309

as a member of the Construction Industry Licensing Board, succeeding Ted Feaster, subject to confirmation by the Senate. This appointment is effective December 13, 2024, for a term ending October 31, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/gc

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

RECEIVED  
2025 JAN 27 AM 8:38  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of Leon

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Construction Industry Licensing Board Member

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

B. Zettle  
Signature

(Affix Seal Below)

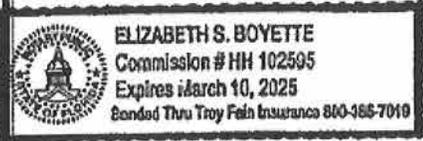
Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Elizabeth S. Boyette  
Signature of Officer Administering Oath or of Notary Public

Elizabeth S. Boyette  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_



## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

7500 Bradfordville Road  
Street or Post Office Box

Tallahassee, Florida 32309  
City, State, Zip Code

Brian Zettle  
Print Name

B. Zettle  
Signature

# FLORIDA SENATE CONFIRMATION QUESTIONNAIRE

128192

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. **Please type or print in blue or black ink.**

01/13/2025  
Date Completed

- 1. Name: Mr. Zettle Brian Edward  
Mr./Mrs./Ms. Last First Middle/Maiden
  - 2. Business Address: 7500 Bradfordville Road Tallahassee  
Street Office # City  
Florida 32309  
Post Office Box State Zip Code Area Code/Phone Number
  - 3. Residence Address: 7492 Bradfordville Road Tallahassee Leon  
Street City County  
Florida 32309  
Post Office Box State Zip Code Area Code/Phone Number
- Specify the preferred mailing address: Business  Residence
- 4. Fax # (optional) \_\_\_\_\_ Email Address: brianzettle.cilb@gmail.com
  - 5. Date of Birth: \_\_\_\_\_ Place of Birth: Miami, Florida
  - 6. Social Security Number: \_\_\_\_\_
  - 7. Driver License Number: \_\_\_\_\_ Issuing State: Florida
  - 8. Have you ever been known by any other legal name? Yes \_\_\_\_\_ No  If "Yes" explain:

- 9. Are you a United States citizen? Yes  No \_\_\_\_\_ If "No" explain:

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

- 10. Since what year have you been a continuous resident of Florida? 1972
- 11. Are you a registered Florida voter? Yes  No \_\_\_\_\_ If "Yes" list:  
A. County of Registration: Leon B. Current Party Affiliation: Republican

- 12. Are you an officer, director, or administrator of a Florida state, county, or regional professional or occupational organization or association that relates to your profession or occupation or the board to which you have been appointed? If "Yes" explain:  
No

- 13. If required by law or administrative rule, will you file financial disclosure statements?  
Yes  No \_\_\_\_\_

FILED  
TALLAHASSEE, FL  
2025 JAN 27 AM 8:39  
REC'D

# FLORIDA SENATE CONFIRMATION QUESTIONNAIRE

As a general matter, applications for all positions within state government are public records which may be viewed by anyone upon request. However, there are some exemptions from the public records law for certain personal identifying information. If an exemption from the public records law applies to your submission, please check the appropriate boxes below.

**I attest that I am an individual covered under Section 119.071, F.S., as (check the appropriate item (only one)):**

- |  |    |   |
|--|----|---|
| <input type="checkbox"/> current             | or | <input type="checkbox"/> former             |
| <input type="checkbox"/> spouse of a current | or | <input type="checkbox"/> spouse of a former |
| <input type="checkbox"/> child of a current  | or | <input type="checkbox"/> child of a former  |

**and I hereby request the exemption (check applicable exemption category):**

- Addiction treatment facility (licensed pursuant to ch. 397, F.S.) director, manager, supervisor, nurse, or clinical employee (s. 119.071(4)(d)2.s.)
- Child advocacy center (meeting the standards set forth in ch. 39, F.S.) director, manager, supervisor, or clinical employee; or member of a Child Protection Team as set forth in s. 39.303, F.S. (s. 119.071(4)(d)2.t.)
- Clerk of circuit court, deputy clerk of circuit court, or clerk of circuit court personnel (s. 119.071(4)(d)2.y.)
- Code enforcement officer (s. 119.071(4)(d)2.i.)
- County attorney, assistant county attorney, deputy county attorney, city attorney, assistant city attorney, or deputy city attorney (s. 119.071(4)(d)2.w.)
- County tax collector (s. 119.071(4)(d)2.n.)
- Dept. of Agriculture and Consumer Services inspector or investigator (s. 119.071(4)(d)2.v.)
- Dept. of Business and Professional Regulation investigator or inspector (s. 119.071(4)(d)2.m.)
- Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities (s. 119.071(4)(d)2.a.)
- Dept. of Financial Services investigative personnel whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations (s. 119.071(4)(d)2.b.)
- Dept. of Health personnel whose duties support the investigations of child abuse or neglect, determination of benefits, or the investigation, inspection, or prosecution of health care practitioners (s. 119.071(4)(d)2.a.)
- Dept. of Health personnel whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the Dept. of Health (s. 119.071(4)(d)2.o.)
- Dept. of Juvenile Justice juvenile probation officer, juvenile probation supervisor, detention superintendent, assistant detention superintendent, senior juvenile detention officer, juvenile detention officer supervisor, juvenile detention officer, house parent I or II, house parent supervisor, group treatment leader, group treatment leader supervisor, rehabilitation therapist, or social services counselor (s. 119.071(4)(d)2.k.)

**List continued on next page.**

# FLORIDA SENATE CONFIRMATION QUESTIONNAIRE

## List continued from previous page.

- Dept. of Revenue personnel or local government personnel whose duties relate to revenue collection and enforcement or child support enforcement. (s. 119.071(4)(d)2.a.)
- Domestic violence centers (certified under ch. 39, F.S.) staff or domestic violence advocate as defined in s. 90.5036(1)(b), F.S. (s. 119.071(4)(d)2.u.)
- Emergency medical technician or paramedic certified under ch. 401, F.S. (s. 119.071(4)(d)2.q.)
- Firefighter certified in compliance with s. 633.408, F.S. (s. 119.071(4)(d)2.d.)
- Florida Gaming Control Commission member (s. 119.071(4)(d)2.x.)
- Guardian ad litem (s. 119.071(4)(d)2.j.)
- Human resource, labor relations, or employee relations director, or assistant director, manager, or assistant manager of any local government agency or water management district with personnel-related duties (s. 119.071(4)(d)2.h.)
- Impaired practitioner consultant whose duties result in a determination of a person's skill and safety to practice a licensed profession (s. 119.071(4)(d)2.p.)
- Inspector general employee or internal audit department employee whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline (s. 119.071(4)(d)2.r.)
- Judge (district court of appeal, circuit court or county court, or justice of the Florida Supreme Court (s. 119.071(4)(d)2.e.)
- Judicial assistant (s. 119.071(4)(d)2.e.)
- Judicial or quasi-judicial officer (general or special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, or child support enforcement hearing officer) (s. 119.071(4)(d)2.g.)
- Law enforcement personnel, including correctional officers and correctional probation officers (s. 119.071(4)(d)2.a.)
- Office of Financial Regulation, Bureau of Financial Investigations, investigative personnel whose duties include the investigation of fraud, theft, other related criminal activities, or state regulatory requirement violations (s. 119.071(4)(d)2.c.)
- Person employed by the U.S. Department of Defense who is authorized to access information that is deemed "secret" or "top secret" by the Federal Government or who is a servicemember of a special operations force (s. 119.071(5).k.)
- Prosecutor (state attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor) (s. 119.071(4)(d)2.f.)
- Public defender or criminal conflict and civil regional counsel (includes assistant public defenders and assistant criminal conflict and civil regional counsel) (s. 119.071(4)(d)2.l.)
- U.S. attorney or assistant attorney, U.S. appellate judge, U.S. district court judge, or U.S. magistrate (s. 119.071(5).i.)
- Victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence (s.119.071(2).j.)
- Other (list applicable statute): \_\_\_\_\_

# FLORIDA SENATE CONFIRMATION QUESTIONNAIRE

RECEIVED

2025 JAN 27 AM 8:40

U.S. GOVERNMENT PRINTING OFFICE  
FALLS CHURCH, VA 22048-4000

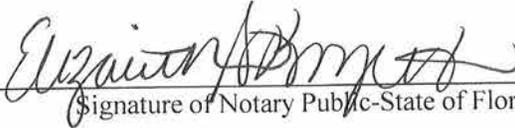
STATE OF FLORIDA  
COUNTY OF Leon

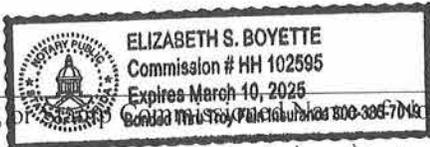
Before me, the undersigned Notary Public of Florida, personally appeared

Brian Edward Zettle,  
who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers and any submitted addendums to the Senate is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 15<sup>th</sup> day of January, 2025.

  
Signature of Notary Public-State of Florida



(Print, Type, or Stamp Name of Notary Public)

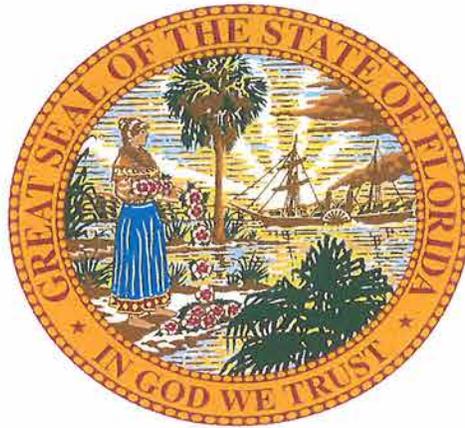
My commission expires: 3/10/2025

Personally Known  OR Produced Identification

Type of Identification Produced: \_\_\_\_\_

(seal)

Date Completed:  
1/13/2025



**EXECUTIVE OFFICE OF GOVERNOR RON DESANTIS**  
**Office of Gubernatorial Appointments**  
**Appointments Questionnaire**

On behalf of Governor DeSantis, thank you for your interest in serving the state of Florida. This file **must** be downloaded to your computer before being filled out. There is no save feature included with the online version of this form. Any information entered to the online version of this form will be lost when downloaded. After the .pdf is downloaded and filled out, it can be saved to your computer for upload and to retain a copy for your records. If the board application page is not working, this questionnaire can be submitted via the email address below.

[appointments@eog.myflorida.com](mailto:appointments@eog.myflorida.com)

The information from this questionnaire will be used by the Governor's office and, where applicable, the Florida Senate in considering action on your confirmation.

- The questionnaire **MUST BE COMPLETED IN FULL**
- Answer "none" or "not applicable" where appropriate
- Please type or print in black or blue ink

Please be mindful that Florida has a very broad public records law and applications that are submitted for appointment may be subject to review by the public in accordance with Art. 1, s. 24 of the Florida Constitution. Additionally, some positions that are appointed by the Governor may require you to complete a financial disclosure form if appointed. Please contact the Florida Commission on Ethics if you have any questions regarding financial disclosure at (850) 488-7864.

**PERSONAL INFORMATION**

1. Salutation: Mr. First: Brian Middle: Edward Last: Zettle
2. Marital Status: Married Spouse information, if applicable: First: Julie Last: Zettle
3. Have you ever been known by any other legal name? Yes  No

If "yes", explain.

4. Please list all of your places of residence for the last ten (10) years from most current to previous.

| Address                  | City, State, & Zip Code    | Dates: From/To         |
|--------------------------|----------------------------|------------------------|
| 7492 Bradfordville Road, | Tallahassee, Florida 32309 | 4/2016 through Present |
| 3921 Tralee Road,        | Tallahassee, Florida 32309 | 4/2002 through 4/2016  |

5. Since what year have you been a continuous resident of Florida? 1972

6. List all of your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address                            | City, State, & Zip Code | Dates: From/To |
|------------------------------------|-------------------------|----------------|
| See above for 2002 through Present |                         |                |

**EDUCATION**

| Type of School | Name and Location of School                   | Year Graduated | Field of Study             |
|----------------|---|----------------|----------------------------|
| High School    | Barron G. Collier, Naples, FL                 | 1990           |                            |
| Undergraduate  | University of North Florida, Jacksonville, FL | 2000           | Building Construction Mgmt |
| Graduate       |   |                |                            |
| Other          |   |                |                            |

\*If you have additional education that you would like to include, please attach additional pages at the end of this document.

**EMPLOYMENT**

1. Are you retired? Yes  No

2. Please list your current employer and job title. If retired, please provide your most recent employer and job title. Current Employer Boyette Zettle LLC Job Title Partner

3. Please list any employers and job titles held within the past ten (10) years from most current to previous.

| Employer  | Job Title | Dates: From/To       |
|---|-----------|----------------------|
| Boyette Zettle LLC, Partner,                                  |           | 2021 through Present |
| Plantation Partners LLC, Member,                              |           | 2018 through Present |
| AE Leasing LLC, Member,                                       |           | 2018 through Present |
| ColoneyBell Construction and Engineering Consultants, SVP,    |           | 2014 through 2021    |
| Pro-Steel Buildings, Inc. (PSBI), SVP Director of Operations, |           | 2002 through 2019    |

4. Have you ever been employed by any state, district, or local government agency in Florida that were not listed above? Yes  No

If "yes", list:

| Name of Employing Agency | Position | Period(s) of Employment |
|--------------------------|----------|-------------------------|
|                          |          |                         |
|                          |          |                         |

5. Have you ever been asked to resign or been terminated from any form of employment? Yes  No

If "yes", explain.

6. Have you ever been the object of any administrative or civil action based upon discrimination in the workplace? Yes  No

If "yes", explain and indicate the disposition of the administrative or civil action.

7. Are you or have you ever been a member of the Armed Forces of the United States? Yes  No

Did you serve in combat? Yes  No  Branch and Component \_\_\_\_\_

Dates of Service \_\_\_\_\_ Date and Type of Discharge \_\_\_\_\_

**PUBLIC SERVICE**

1. Have you ever been elected to any public office in this state? Yes  No

If "yes", list:

| Title(s) of Office | Date of Election(s) | Term of Office(s) | Level of Government |
|--------------------|---------------------|-------------------|---------------------|
|--------------------|---------------------|-------------------|---------------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2. Have you ever been a candidate for any public office in this state? Yes  No

If "yes", list:

| Title(s) of Office | Date(s) of Candidacy | Election Results |
|--------------------|----------------------|------------------|
|--------------------|----------------------|------------------|

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

3. Have you ever been appointed to any public office in this state? Yes  No

If "yes", list:

| Title(s) of Office                    | Date(s) of Appointment | Term of Office(s)  | Level of Government |
|---------------------------------------|------------------------|--------------------|---------------------|
| Construction Industry Licensing Board | 2022 through Present   | 2022-23, 2024-2028 |                     |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If you have been appointed to any public office, answer the following:

Number of meetings held during your tenure on the board 31

Number of meetings you attended 29

Number of meetings you missed 2

Reason(s) for your absence Death of my father, Work obligation

4. Have any members of your immediate family (spouse, child, parent(s), sibling(s)) been appointed to serve as a Gubernatorial appointee in the state of Florida? Yes  No

If "yes", list:

| Name of Appointee | Relation to You | Date of Appointment | Title(s) of Office |
|-------------------|-----------------|---------------------|--------------------|
|-------------------|-----------------|---------------------|--------------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

5. Have you ever been appointed to any office that required confirmation by the Florida Senate?

Yes  No

If "yes", list:

| Title(s) of Office  | Term(s) of Appointment | Confirmation Result |
|---|------------------------|---------------------|
| Construction Industry Licensing Board, 2 Terms, Confirmed and Pending |                        |                     |
|   |                        |                     |
|   |                        |                     |

6. Have you ever resigned from any position, elected or appointed? Yes  No

If "yes", list:

| Title(s) of Office | Date(s) of Resignation | Reason for Resignation |
|--------------------|------------------------|------------------------|
|                    |                        |                        |
|                    |                        |                        |
|                    |                        |                        |

7. Have you ever been suspended by the Governor of the state of Florida or any Governor from any position, elected or appointed? Yes  No

If "yes", list:

| Title(s) of Office | Date(s) of Suspension | Reason for Suspension |
|--------------------|-----------------------|-----------------------|
|                    |                       |                       |
|                    |                       |                       |
|                    |                       |                       |

**ETHICAL DISCLOSURE**

1. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? This would include any time you have ever been convicted, entered a guilty plea of nolo contendere for any criminal violation (exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No

If "yes", explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you have ever been convicted of a crime and that record is sealed or expunged, select one of the following: Sealed  Expunged  Not Applicable

3. Are you currently facing investigation, charges, or indictment for any violation of law? Yes  No

If "yes", explain. \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been a party or involved in any civil or criminal legal proceedings? Yes  No

If "yes", explain (Do not include any information where no allegations of wrongdoing were alleged against you).  
I was Senior Vice President of a construction company (PSBI) that brought a civil suit against one of our subcontractors on a project for alleged construction defects.  
\_\_\_\_\_

5. Are you the plaintiff or defendant in any action pending before any judicial or administrative tribunal?

Yes  No

If "yes", explain. \_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No

If "yes", explain. \_\_\_\_\_  
\_\_\_\_\_

7. In the last five years, has any business in which you, a spouse, a relative, or a business associate been a party to any administrative agency proceeding or civil litigation relevant to the position in which you wish to be appointed to? Yes  No

If "yes", explain. \_\_\_\_\_  
\_\_\_\_\_

8. Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? Yes  No

If "yes", list:

| Date(s) of Violation | Nature of Violation(s) | Disposition |
|----------------------|------------------------|-------------|
|                      |                        |             |
|                      |                        |             |
|                      |                        |             |

9. Have you, or any business of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local government agency in Florida, including the office or agency to which you have been appointed to or are seeking appointment?

Yes  No

If "yes", explain.

| Name of the Business | Your Relationship to the Business | Business Relationship to the Agency |
|----------------------|-----------------------------------|-------------------------------------|
|                      |                                   |                                     |
|                      |                                   |                                     |
|                      |                                   |                                     |

10. Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the agency to which you have been appointed or are seeking appointment? Yes  No

If "yes", explain.

| Name of the Business | Relationship to you | Their Relationship to Business | Business Relationship to the Agency |
|----------------------|---------------------|--------------------------------|-------------------------------------|
|                      |                     |                                |                                     |
|                      |                     |                                |                                     |
|                      |                     |                                |                                     |

11. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the last five (5) years? Yes  No

a. Did you receive any compensation other than reimbursement for expenses? Yes  No

If "yes", explain.

| Name of the Agency Lobbied | Principal(s) you represented |
|----------------------------|------------------------------|
|                            |                              |
|                            |                              |
|                            |                              |

12. Dual Office Holding? Yes  No

Article II, section 5(a) of the Florida Constitution prohibits any person from holding more than one office under the government of the state, counties, and municipalities at the same time, except for certain exclusions stated therein (notary public, military officer, member of a statutory body having only advisory powers, etc.).

13. Are there any other possible conflicts of interest or perceived conflicts of interest that could hinder your ability to serve as a Gubernatorial appointee? Yes  No

If "yes", explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE AND INTERESTS**

1. Please state your experiences and interests or elements of your personal history that qualify you for appointment to this board. I have worked in the construction for over 30 years. I have held the titles of carpenter, superintendent, project manager, director of operations and business owner. I have been responsible for the permitting, code compliance, construction, and completion of hundreds of construction projects for private owners, municipalities, the State of Florida, and the Federal government. My volunteer service in leadership positions with Leadership Tallahassee and the Associated Builders and Contractors has shown me that I have the skills necessary to make a positive impact on the construction industry and my peers.

2. Please list any awards or recognitions that you have received within the past ten (10) years.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe your understanding of the role of a member on the board that you are applying to be considered for. The Construction Industry Licensing Board is responsible for licensing and regulating the construction industry. As a board member I consider applications for licensure, review disciplinary cases, and conduct informal hearings relating to licensure and discipline.

4. Please explain why you want to serve as a Gubernatorial appointee and share anything else that you think may be helpful. I am passionate about construction and education. I view my board service as an opportunity to give back to the construction industry and the State of Florida. Through my service I hope to leave the construction industry and the licensing board better than when I was appointed.  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you held or do you hold an occupational or professional license or certificate in the state of Florida?

Yes  No

If "yes", list:

| Type of License/Certification | Original Issue Date | Issuing Authority | License Number |
|-------------------------------|---------------------|-------------------|----------------|
| Certified General Contractor, | 2008,               | DBPR,             | CGC1516731     |
| Certified Roofing Contractor, | 2018,               | DBPR,             | CCC1331435     |

6. Have you ever had any disciplinary action taken against a license or certification issued to you, including a fine, probation, revocation, or disbarment? Yes  No

If "yes", explain.

7. Please identify all association memberships and offices (including any business, professional, occupation, civil, fraternal organizations, or any profit or not-for-profit board) that you currently hold or have held in the past ten (10) years including volunteer positions.

| Name of Association   | Role in the Association | Dates of your Membership |
|---|-------------------------|--------------------------|
| Tallahassee Community College Construction Advisory Board,  | Member,                 | 2014-2020                |
| Associated Builders and Contractors, North Florida Chapter, | Board Member,           | 2006-2013                |
| Leadership Tallahassee,                                     | Board of Governors,     | 2014-2020                |

8. List three people who have known you well within the past five (5) years. Please exclude relatives:

| Name              | Organization        | Relation to you              | Phone Number and Email Address |
|-------------------|---------------------|------------------------------|--------------------------------|
| Michael Phillips, | FDLE,               | Friend,                      | @fdle.state.fl.us              |
| Aaron Boyette,    | Boyette Zettle LLC, | Friend and Business Partner, | @boyettezettle.com             |
| Rob Renzi,        | Big Bend Cares,     | Friend and Client,           | @bigbendcares.org              |

9. Did someone refer you to apply to be considered for appointment to this board? Yes  No

If "yes", list their name.

**CERTIFICATION AND SIGNATURE**

1. Do you know of any reason why you would not be able to attend fully to the duties of the office or position to which you have been or could be appointed? Yes  No

If "yes", explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws. Initial here. BZ

3. If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S. Initial here. BZ

4. I understand that any appointment tendered to me will be contingent upon the results of a background investigation, and I am aware that withholding information or making false statements on this application may be the basis for non-appointment by the Executive Office of the Governor and criminal penalties. I agree to these conditions, and I declare that I have read the foregoing application and any attachments and the facts stated within them are true, correct, and complete to the best of my knowledge and belief. Initial here. BZ

5. By checking this box and typing my name below, I am electronically signing my application and understand that an electronic signature has the same force and effect as a written signature.

/s/First Brian Middle Edward Last Zettle Suffix \_\_\_\_\_

***Please save this document to upload with your board application.***

**If you have any questions, please call (850) 717-9243 or email**

**[appointments@eog.myflorida.com](mailto:appointments@eog.myflorida.com)**

**If you need more space, add additional pages at the end of the document.**

680

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*Douglas Pope Bassett*

is duly appointed a member of the

**Electrical Contractors Licensing Board**

for a term beginning on the Sixteenth day of August, A.D.,  
2024, until the Thirty-First day of October, A.D., 2027 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Thirteenth day of September, A.D., 2024.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11 document



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE

2024 AUG 28 AM 9:58

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

August 16, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 489.507, Florida Statutes:

Mr. Douglas Bassett  
12461 Teak Circle  
Fort Myers, Florida 33913

as a member of the Electrical Contractors Licensing Board, subject to confirmation by the Senate. This appointment is effective August 16, 2024, for a term ending October 31, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/es

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

RECEIVED  
DEPARTMENT OF STATE  
2024 SEP -9 AM 8:32

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of Lee

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Board Member - Electrical Contractors Licensing Board

(Full Name of Office – Abbreviations Not Accepted)

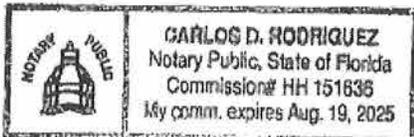
on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

[Signature]  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of X physical presence  
Or    online notarization this 3 day of SEPTEMBER, 2024.



Carlos D. Rodriguez  
Signature of Officer Administering Oath or of Notary Public

CARLOS D. RODRIGUEZ  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced FC PL

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

12461 Teak Circle

Douglas Pope Bassett

Street or Post Office Box

Print Name

Fort Myers FL 33913

City, State, Zip Code

[Signature]  
Signature

127860

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

08/26/2024

Date Completed

1. Name: Mr. Bassett Douglas Pope  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 12461 Teak Circle Fort Myers  
Street Office # City  
Florida 33913

Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 12461 Teak Circle Fort Myers Lee  
Street City County  
Florida 33913

Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address           | City & State       | From      | To      |
|-------------------|--------------------|-----------|---------|
| 12461 Teak Circle | Fort Myers Florida | June 2007 | Present |
|                   |                    |           |         |
|                   |                    |           |         |
|                   |                    |           |         |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address                | City & State     | From           | To            |
|------------------------|------------------|----------------|---------------|
| 1901 Kipling Drive     | Flower Mound TX  | July 2004      | June 2005     |
| 322 Sioux Drive        | Abita Springs LA | April 1996     | March 1997    |
| 3125 Windstream Court  | Charlotte NC     | March 1994     | October 1995  |
| 1289 W Esplanade Ave   | Kenner LA        | May 1986       | February 1989 |
| 10631 Nacogdoches Road | San Antonio TX   | September 1987 | March 1988    |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Orlando Florida

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2024 AUG 28 AM 10:59  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL  
RECEIVED

9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? 2005

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Lee B. Current Party Affiliation: Republican

12. Education

A. High School: Lyman High School - Longwood Florida Year Graduated: 1971  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>        | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u>                   |
|-----------------------------------|-----------------------|--|
| Seminole State College of Florida | 1979 - 1981           | Fire Fighting 200 Hours / Emergency Medical Technician |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: \_\_\_\_\_

B. Branch or Component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
|             |              |               |                    |
|             |              |               |                    |
|             |              |               |                    |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u>                | <u>Type of Business</u> | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|---|-------------------------|-----------------------------|-----------------------------|
| Comcast Xfinity Home 1701 JFK Blvd, Philadelphia PA | Alarm, Cable, Broadband | Exec Dir Licensing          | January 2012 - Present      |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u> | <u>Period of Employment</u> |
|-----------------|-------------------------|-----------------------------|
| Firefighter     | City of Longwood        | 1980 - 1981                 |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

45 years of burglar and fire alarm / low voltage experience employed by local, regional, and national companies.

Postions held have included installation, service, sales, and management duties.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

National Institute for Certification in Engineering Techologies - Fire Alarm Systems Level III

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Identify all association memberships and association offices held by you that relate to this appointment:

Integrataion Association of Florida - member

Electronic Security Association - member

International Code Council - member

National Fire Protection Association - member

Florida Police Chiefs Association - member

Georgia Polce Chiefs Assocation - member

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u>                            | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|--|--|-----------------------|----------------------------|
| Board Member                                   | 2016                                   | 2016 -2019            | State                      |
| Florida Electrical Contractors Licensing Board |  |                       |                            |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: Bimonthly

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
| All                      | None                   |                           |
|                          |                        |                           |
|                          |                        |                           |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|             |                            |                    |
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: Board Member Electrical Contractors Licensing Board

B. Term of Appointment: 2016-2019

C. Confirmation results: Confirmed 2017

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u>               | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--|---------------------------------|
| Alarm Contractor I                            | EF0000912 1993             | Electrical Contractors Licensing Board | N/A                             |
| Firefighter 2933                              | 1980                       | Division of State Fire Mashall         | N/A                             |
|   |                            |  |                                 |
|   |                            |  |                                 |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
|                       |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>     | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|-----------------|------------------------|-----------------|-------------------------------|
| Brian Robertson |                        |                 |                               |
| Grady Medcalf   |                        |                 |                               |
| Chris Heaton    |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>                          | <u>Mailing Address</u>                                   | <u>Office(s) Held &amp; Term</u>      | <u>Date(s) of Membership</u> |
|--------------------------------------|--|---------------------------------------|------------------------------|
| Integratation Association of Florida | 1361 W Wade Hampton Blvd. Suite F Box 3, Greer, SC 29650 | Director, Vice President (Term ended) | 1998 - present               |
| Florida Police Chiefs Association    | PO Box 14038 Tallahassee FL32317                         | Alarm Management Committee            | 2009 - present               |
| Electronic Security Assocation       | P.O. Box 610605 Dallas, TX 75261                         | National Company Director             | 2010 - present               |
| National Fire Protection Association | 1 Batterymarch Park Quincy MA 02169                      | National Electrical Code CMP 3        | 2010 - present               |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

RECEIVED

CERTIFICATION

2024 AUG 28 AM 10:59

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Lea

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

Before me, the undersigned Notary Public of Florida, personally appeared  
Douglas Pope Bassett,  
who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read  
the answers to the foregoing questions; (2) that the information contained in said answers is  
complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the  
United States and of the State of Florida.

[Signature]  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 26<sup>th</sup> day of August, 2024.

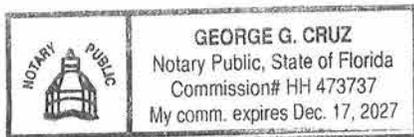
[Signature]  
Signature of Notary Public-State of Florida

George Cruz  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 12/17/2027

Personally Known  OR Produced Identification

Type of Identification Produced FL-DL



(seal)

**MEMORANDUM**

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

# Senate Confirmation Questionnaire

*Please mail to: Room316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250*

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: Electrical Contractors Licensing Board

2. Current Employer and Occupation: Comcast Xfinity Home - Exec Director Licensing and Compliance

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

\_\_\_\_\_  
Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

680

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*Clarence Kelly Tibbs*

is duly appointed a member of the

**Electrical Contractors Licensing Board**

for a term beginning on the Sixteenth day of August, A.D.,  
2024, until the Thirty-First day of October, A.D., 2027 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Twenty-Third day of September, A.D., 2024.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document.



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 AUG 28 AM 9:59  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

August 16, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 489.507, Florida Statutes:

Mr. Clarence Tibbs  
35221 Silver Oak Drive  
Leesburg, Florida 34788

as a member of the Electrical Contractors Licensing Board, subject to confirmation by the Senate. This appointment is effective August 16, 2024, for a term ending October 31, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/cs

RECEIVED  
DEPARTMENT OF STATE

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

SEP 17 PM 12:54

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of LAKA

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Electrical Contractors Licensing Board

(Full Name of Office - Abbreviations Not Accepted)

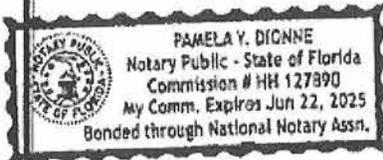
on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

[Signature]  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 5 day of September, 2024.



Pamela Y. Dionne

Signature of Officer Administering Oath or of Notary Public

Pamela Y. Dionne

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

35221 Silver Oaks Dr

Street or Post Office Box

Cherene Kelley Tibbitts

Print Name

Lakeland, FL 34788

City, State, Zip Code

[Signature]  
Signature

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

8/20/2024

1. Name: Tibbs Clarence K  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 1300 Stirling Road #6B Dania Beach  
Street Office # City  
Florida 33004  
Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 35221 Silver Oak Dr Leesburg Lake  
Street City County  
Florida 34788  
Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address                | City & State | From | To      |
|------------------------|--------------|------|---------|
| 20 Alexandria Place Dr | Apopka, FL   | 2012 | 2021    |
| 35221 Silver Oak Dr    | Leesburg, FL | 2021 | Current |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address                | City & State  | From | To      |
|------------------------|---------------|------|---------|
| 705 Deer Fork Crossing | Covington, La | 2020 | Current |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Orlando, FL

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: FL

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RECEIVED  
 DEPARTMENT OF STATE  
 2024 SEP 17 PM 12:54  
 DIVISION OF ELECTIONS  
 101 ALA SQ STE 111  
 TALLAHASSEE, FL

9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: NA

10. Since what year have you been a continuous resident of Florida? 1955

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: \_\_\_\_\_ B. Current Party Affiliation: \_\_\_\_\_

12. Education

A. High School: Winter Park High School, Winter Park Florida Year Graduated: 1973  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u> | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u> |
|----------------------------|-----------------------|--------------------------------------|
| <u>NA</u>                  |                       |                                      |
| _____                      |                       |                                      |
| _____                      |                       |                                      |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: NA

B. Branch or Component: NA

C. Date & type of discharge: NA

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| <u>NA</u>   |              |               |                    |
| _____       |              |               |                    |
| _____       |              |               |                    |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u> | <u>Type of Business</u>      | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|--------------------------------------|------------------------------|-----------------------------|-----------------------------|
| <u>STE Electrical</u>                | <u>Electrical Contractor</u> | <u>President</u>            | <u>1989-2021</u>            |
| <u>HW Automation</u>                 | <u>Electrical Contractor</u> | <u>License Holder</u>       | <u>2021-current</u>         |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u>     | <u>Employing Agency</u> | <u>Period of Employment</u> |
|---------------------|-------------------------|-----------------------------|
| <u>Board Member</u> | <u>DBPR</u>             | <u>2000-current</u>         |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

Been in electrical Trade since 1973, been on Electrical Contractors Licensing Board since 2000.  
Helped make State of Florida and NASCALA National electrical Exam. Been both Vice Chair and Chairman  
of Electrical Contractors Licensing Board.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

State of Florida Electrical License EC0000900

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No   
If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this appointment:

NA

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government?  
Yes  No  If "Yes", list:

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u> | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|---------------------|--|-----------------------|----------------------------|
| Board Member        | ECLB 2000                              | NA                    | State                      |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: 6 to 8 times a year

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
| 120                      | 2                      | Parents Passed away       |
|                          |                        |                           |
|                          |                        |                           |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|             |                            |                    |
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No   
If "Yes", list:

A. Title of Office: Electrical Contractors Licensing Board

B. Term of Appointment: 4 Years

C. Confirmation results: Appointed

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No   
If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--------------------------|---------------------------------|
| EC0000900                                     | 1988                       | ECLB Florida             | NA                              |
|   |                            |                          |                                 |
|   |                            |                          |                                 |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
| _____                   | _____                                      | _____   | _____                                   |
| _____                   | _____                                      | _____   | _____                                   |
| _____                   | _____                                      | _____   | _____                                   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
| _____                 | _____                        |
| _____                 | _____                        |
| _____                 | _____                        |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>     | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|-----------------|------------------------|-----------------|-------------------------------|
| Doug Bassett    |                        |                 |                               |
| David Botknecht |                        |                 |                               |
| Ben Smith       |                        |                 |                               |
| _____           |                        |                 |                               |
| _____           |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u> | <u>Mailing Address</u> | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|-------------|------------------------|----------------------------------|------------------------------|
| NA          |                        |                                  |                              |
| _____       |                        |                                  |                              |
| _____       |                        |                                  |                              |
| _____       |                        |                                  |                              |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

RECEIVED  
DEPARTMENT OF STATE

2024 SEP 17 PM 12: 54

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

# CERTIFICATION

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

LAKE

Before me, the undersigned Notary Public of Florida, personally appeared

Claudia Kelley Tibbs

who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

[Handwritten Signature]

Signature of Applicant-Affiant

Sworn to and subscribed before me this 5 day of September, 2024.

[Handwritten Signature]

Signature of Notary Public-State of Florida

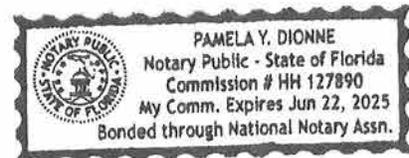
Pamela Y. Dionne

(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 6/22/2025

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_



(seal)

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

## Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: Electrical Contractors Licensing Board

2. Current Employer and Occupation: HW Automation, Licensing Holder

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

Clarence Kelley Tibbitts  
Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

680

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*Donald L. Smith, Jr.*

is duly appointed a member of the

**Electrical Contractors Licensing Board**

for a term beginning on the Sixteenth day of August, A.D.,  
2024, until the Thirty-First day of October, A.D., 2027 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Thirteenth day of September, A.D., 2024.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document.



**RON DeSANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 AUG 28 AM 9:59  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

August 16, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 489.507, Florida Statutes:

Mr. Donald Smith Jr.  
6805 Southpoint Parkway  
Jacksonville, Florida 32216

as a member of the Electrical Contractors Licensing Board, filling a vacant seat previously occupied by Brian Flaherty, subject to confirmation by the Senate. This appointment is effective August 16, 2024, for a term ending October 31, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/es

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

RECEIVED DEPARTMENT OF STATE

2024 SEP -6 PM 1:03

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of DUVAL

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Electrical Contractors Licensing Board

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Donald C. Smith Jr.

Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence

Or  online notarization this 27<sup>th</sup> day of August, 2024.

Erika Tyler

Signature of Officer Administering Oath or of Notary Public

Erika Tyler  
Print, Type, or Stamp Commissioned Name of Notary Public

ERIKA TYLER  
NOTARY PUBLIC  
STATE OF FLORIDA  
NO. HH 428172  
MY COMMISSION EXPIRES AUG. 18, 2027

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

6805 Southpoint Pkwy

Street or Post Office Box

Donald C. Smith Jr

Print Name

JAX, FL ~~32219~~ 32216

City, State, Zip Code

Donald C. Smith Jr.

Signature

127932

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

August 27, 2024

Date Completed

1. Name: Mr. Smith Donald Lamar  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 6805 Southpoint Parkway Jacksonville  
Street Office # City

Post Office Box State Zip Code Area Code/Phone Number  
3. Residence Address: 1889 Village Glen Drive St. Johns St. Johns  
Street City County

Post Office Box State Zip Code Area Code/Phone Number  
FL 32259

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address                 | City & State | From  | To |
|-------------------------|--------------|-------|----|
| 1889 Village Glen Drive | St. Johns FL | 32259 |    |
|                         |              |       |    |
|                         |              |       |    |
|                         |              |       |    |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address | City & State | From |
|---------|--------------|------|
| N/A     |              |      |
|         |              |      |
|         |              |      |
|         |              |      |

RECEIVED  
DEPARTMENT OF STATE  
2024 SEP - 6 PM 1:03  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

5. Date of Birth: \_\_\_\_\_ Place of Birth: Jacksonville, Florida

6. Social Security Number: \_\_\_\_\_

7. Driver License Number \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? 1971

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: St. Johns B. Current Party Affiliation: Republican

12. Education

A. High School: Wolfson High School Year Graduated: 1989  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u> | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u> |
|----------------------------|-----------------------|--------------------------------------|
| <u>IBEW NJATC1992-1997</u> |                       |                                      |
| _____                      |                       |                                      |
| _____                      |                       |                                      |
| _____                      |                       |                                      |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: \_\_\_\_\_

B. Branch or Component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| _____       |              |               |                    |
| _____       |              |               |                    |
| _____       |              |               |                    |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u> | <u>Type of Business</u>                 | <u>Occupation/Job Title</u>     | <u>Period of Employment</u> |
|--------------------------------------|---|---------------------------------|-----------------------------|
| <u>Miller Electric Company</u>       | <u>Commercial Electrical Contractor</u> | <u>Chief Commercial Officer</u> | <u>35 years</u>             |
| _____                                |   |                                 |                             |
| _____                                |   |                                 |                             |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No  If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u> | <u>Period of Employment</u> |
|-----------------|-------------------------|-----------------------------|
| _____           |                         |                             |
| _____           |                         |                             |
| _____           |                         |                             |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

I dedicated my career to the electrical industry and have over 30 years of experience. I started my  
career in the tool room at Miller Electric Company and through hard work and dedication have  
worked my way up from apprentice to Chief Commercial Officer. I have leadership experience,  
understanding of regulations, networking and collaboration, commitment to safety standards, a  
vision for industry growth and experience with training and development.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

State of Florida Licensed Electrical Contractor  
IBEW- NJATC Graduate of Apprenticeship Program  
Electrical Contractor Foreman Training  
OSHA 30

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No   
If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this appointment:

Dreams Come True Secretary, First Coast Light the Night Executive Cabinet Member  
American Heart Association Executive Cabinet Member  
Gator Bowl Chairman's Club  
HCA Florida Advisory Council  
Board of Governors for the Florida Chamber of Commerce  
Tampa Bay Chamber of Commerce Member

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u> | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|---------------------|--|-----------------------|----------------------------|
|---------------------|--|-----------------------|----------------------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: \_\_\_\_\_

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
| _____                    | _____                  | _____                     |
| _____                    | _____                  | _____                     |
| _____                    | _____                  | _____                     |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
| _____       | _____                      | _____              |
| _____       | _____                      | _____              |
| _____       | _____                      | _____              |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_  
B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: \_\_\_\_\_  
B. Term of Appointment: \_\_\_\_\_  
C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u>     | <u>Original Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--------------------------|---------------------------------|
| State of Florida Electrical Contractor EC13005549 | 2013                       | State of Florida         | N/A                             |
| _____   | _____                      | _____                    | _____                           |
| _____   | _____                      | _____                    | _____                           |
| _____   | _____                      | _____                    | _____                           |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
| Miller Electric Company | Officer                              | Electrical Contractor                   |
| _____                   | _____                                | _____                                   |
| _____                   | _____                                | _____                                   |
| _____                   | _____                                | _____                                   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
|                       |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>   | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|---------------|------------------------|-----------------|-------------------------------|
| Joey Thigpen  |                        |                 |                               |
| Henry Brown   |                        |                 |                               |
| Geoff Neilson |                        |                 |                               |
|               |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u> | <u>Mailing Address</u>                    | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|-------------|---|----------------------------------|------------------------------|
| IBEW 177    | 966 N. Liberty St. Jacksonville, FL 32206 |                                  | 1992-present                 |
|             |   |                                  |                              |
|             |   |                                  |                              |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

CERTIFICATION

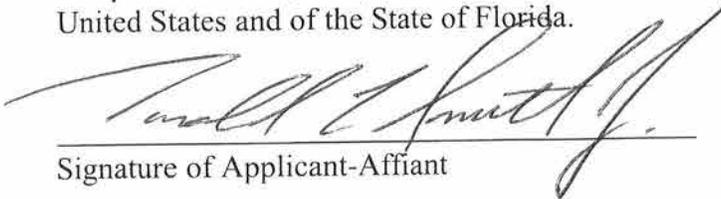
RECEIVED  
DEPARTMENT OF STATE

2024 SEP -6 PM 1:03

DIVISION OF ELECTIONS  
TALLAHASSEE FL

STATE OF FLORIDA  
COUNTY OF DUVAL

Before me, the undersigned Notary Public of Florida, personally appeared Donald L. Smith, Jr., who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 4th day of September, 2024.

  
Signature of Notary Public - State of Florida

**ERIKA TYLER**  
**NOTARY PUBLIC**  
**STATE OF FLORIDA**  
**NO. HH 428172**  
**MY COMMISSION EXPIRES AUG. 10, 2027**

(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: \_\_\_\_\_

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

(seal)

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

## Senate Confirmation Questionnaire

**Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250**

The information from this page has been requested and will be used exclusively for Minority Statistics.  
**Please type or use blue ink.**

1. Board of Interest: Electrical Contractors Licensing Board

2. Current Employer and Occupation: Miller Electric Company- Chief Commercial Officer

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor. No.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor. NO, not at this time due to other obligations.

Donald L. Smith

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

680

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*Kevin D. McElroy, II*

is duly appointed a member of the

**Electrical Contractors Licensing Board**

for a term beginning on the Sixteenth day of August, A.D.,  
2024, until the Thirty-First day of October, A.D., 2026 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Fourth day of September, A.D., 2024.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document.



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 AUG 28 AM 9:58  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

August 16, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 489.507, Florida Statutes:

Mr. Kevin D. McElroy III  
485 Mandalay Road  
Orlando, Florida 32809

as a member of the Electrical Contractors Licensing Board, succeeding John Cannava, subject to confirmation by the Senate. This appointment is effective August 16, 2024, for a term ending October 31, 2026.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/es

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

RECEIVED  
DEPARTMENT OF STATE

2024 AUG 23 AM 8:28

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of Orange

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Electrical Contractors Licensing Board

(Full Name of Office – Abbreviations Not Accepted)

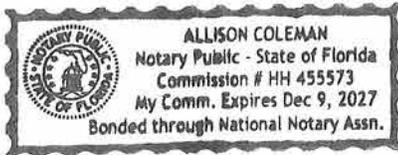
on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

[Signature]  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 19 day of August, 2024.



Allison Coleman  
Signature of Officer Administering Oath or of Notary Public

Allison Coleman  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

485 Mandalay Rd  
Street or Post Office Box

Kevin D. McElroy II  
Print Name

Orlando FL 32809  
City, State, Zip Code

[Signature]  
Signature

127811

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

8-19-24

Date Completed

1. Name: Mr. McElroy II Kevin Daniel  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 485 Mandalay Rd Orlando  
Street Office # City  
FL 32809  
Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 485 Mandalay Rd Orlando Orange  
Street City County  
FL 32809  
Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address                | City & State             | From        | To             |
|------------------------|--------------------------|-------------|----------------|
| <u>4555 Deanna St</u>  | <u>Wenatch Island FL</u> | <u>2014</u> | <u>2021</u>    |
| <u>485 Mandalay Rd</u> | <u>Orlando, FL 32809</u> | <u>2021</u> | <u>Current</u> |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address    | City & State | From | To |
|------------|--------------|------|----|
| <u>N/A</u> |              |      |    |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Orlando, FL

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain \_\_\_\_\_

RECEIVED DEPARTMENT OF STATE  
2024 AUG 23 AM 8:28  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

9. Are you a United States citizen? Yes  No  If "No" explain:

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? 1981

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Orange

B. Current Party Affiliation: Republican

12. Education

A. High School: Edgewater High School, Orlando FL Year Graduated: 2000  
(Name and Location)

B. List all postsecondary educational institutions attended:

| Name & Location         | Dates Attended   | Certificates/Degrees Received |
|-------------------------|------------------|-------------------------------|
| <u>Mid Florida Tech</u> | <u>2002-2005</u> | <u>Electrical program</u>     |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: \_\_\_\_\_

B. Branch or Component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| Date             | Place              | Nature                   | Disposition            |
|------------------|--------------------|--------------------------|------------------------|
| <u>1-3-2003</u>  | <u>Orlando FL</u>  | <u>DUI / prop damage</u> | <u>No contest</u>      |
| <u>9-5-2003</u>  | <u>Orlando FL</u>  | <u>prop damage</u>       | <u>Charges dropped</u> |
| <u>2-17-2004</u> | <u>Orlando, FL</u> | <u>DUI</u>               | <u>Charges dropped</u> |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| Employer's Name & Address              | Type of Business             | Occupation/Job Title | Period of Employment  |
|--|------------------------------|----------------------|-----------------------|
| <u>Performance One Electrical Svcs</u> | <u>Electrical Contractor</u> | <u>president</u>     | <u>2009 - present</u> |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No  If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| Position | Employing Agency | Period of Employment |
|----------|------------------|----------------------|
|----------|------------------|----------------------|

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

I have been in the electrical industry for over 30 years. I have experience in a broad spectrum of the electrical field from replacing a light for a little old lady to the first 3 source micro grid that I built for Alabama power in 2017

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

I completed the FEAT program at Mid Florida Tech in 2005

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this appointment:

N/A

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| Office Title | Date of Election or Appointment | Term of Office | Level of Government |
|--------------|---------------------------------|----------------|---------------------|
|--------------|---------------------------------|----------------|---------------------|

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: \_\_\_\_\_

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
| _____                    | _____                  | _____                     |
| _____                    | _____                  | _____                     |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
| _____       | _____                      | _____              |
| _____       | _____                      | _____              |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: \_\_\_\_\_

B. Term of Appointment: \_\_\_\_\_

C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--------------------------|---------------------------------|
| EC 13006474                                   | 12-15-2014                 | DBPR                     | N/A                             |
| EC 13009914                                   | 6-5-2020                   | DBPR                     | N/A                             |
| EC 13010568                                   | 4-23-2021                  | DBPR                     | N/A                             |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

Name of Business                      Your Relationship to Business                      Business' Relationship to Agency

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
|                       |                              |
|                       |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>     | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|-----------------|------------------------|-----------------|-------------------------------|
| Allan Hart      |                        |                 |                               |
| William Watkins |                        |                 |                               |
| Dan Howarter    |                        |                 |                               |
|                 |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u> | <u>Mailing Address</u> | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|-------------|------------------------|----------------------------------|------------------------------|
|             | N/A                    |                                  |                              |
|             |                        |                                  |                              |
|             |                        |                                  |                              |
|             |                        |                                  |                              |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

**MEMORANDUM**

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

N/A

CERTIFICATION

RECEIVED  
DEPARTMENT OF STATE

2024 AUG 23 AM 8:28

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

COUNTY OF Orange

Before me, the undersigned Notary Public of Florida, personally appeared

Kevin D. McElroy II

who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

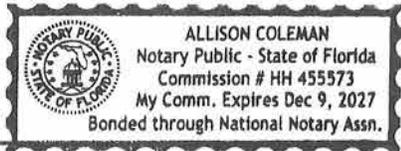
[Handwritten Signature]

Signature of Applicant-Affiant

Sworn to and subscribed before me this 19<sup>th</sup> day of August, 2024.

[Handwritten Signature]

Signature of Notary Public-State of Florida



(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: December 9<sup>th</sup> 2027

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

(seal)

# Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: Electrical Contractors Licensing Board

2. Current Employer and Occupation: Electrical Contractor

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor. No

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor. Yes, I would  
Teach them a trade

Kevin D. McElroy II  
Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

680

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

**Robert D. Lombardo**

is duly appointed a member of the

**Electrical Contractors Licensing Board**

for a term beginning on the Sixteenth day of August, A.D.,  
2024, until the Thirty-First day of October, A.D., 2026 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Fourth day of September, A.D., 2024.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 AUG 28 AM 9:58  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

August 16, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 489.507, Florida Statutes:

Mr. Robert Lombardo  
3776 Cracker Way  
Bonita Springs, Florida 34134

as a member of the Electrical Contractors Licensing Board, filling a vacant seat previously occupied by Eric Vilkoski, subject to confirmation by the Senate. This appointment is effective August 16, 2024, for a term ending October 31, 2026.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/es

RECEIVED

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

2024 AUG 26 AM 8:42

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of LEE

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

ELECTRICAL CONTRACTORS LICENSING BOARD

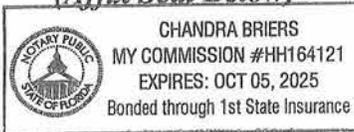
(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

[Signature]  
Signature

(Affix Seal Below)



Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 21 day of August, 2024.

Chandra Briers  
Signature of Officer Administering Oath or of Notary Public

Chandra Briers  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

3776 CRACKER WAY  
Street or Post Office Box

BONITA SPRINGS FL 34134  
City, State, Zip Code

ROBERT D LOMBARDO  
Print Name

[Signature]  
Signature

127812

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

08/19/2024

Date Completed

1. Name: Mr. Lombardo Robert D  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 3776 Cracker Way, Bonita Springs,  
Street Office # City  
34134

Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 3776 Cracker Way, Bonita Springs Lee  
Street City County

Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address           | City & State       | From | To      |
|-------------------|--------------------|------|---------|
| 3776 Cracker Way, | Bonita Springs, FL | 2006 | Current |
|                   |                    |      |         |
|                   |                    |      |         |
|                   |                    |      |         |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address                     | City & State     | From | To   |
|-----------------------------|------------------|------|------|
| 68 Walnut Tree Hill Road,   | Shelton, CT      | 1997 | 2006 |
| 41 Grey Stone Condominiums, | Shelton, CT      | 1993 | 1997 |
| 2 Bell Lane                 | Shelton, CT      | 1979 | 1993 |
|                             | Newington CT     | 1976 | 1979 |
|                             | West Hartford CT | 1974 | 1976 |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Hartford CT

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: FL

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2024 AUG 26 AM 8:42  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

RECEIVED

9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? August 2006

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Lee

B. Current Party Affiliation: R

12. Education

A. High School: Wethersfield High School, Wethersfield CT  
(Name and Location)

Year Graduated: 1965

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>               | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u> |
|--|-----------------------|--------------------------------------|
| <u>Northwestern CT Community College</u> | <u>1968-1970</u>      | <u>Associates of Science</u>         |
| <u>Central Connecticut State</u>         | <u>1970-1976</u>      | <u>Batchelors of Science</u>         |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: 1965 1968

B. Branch or Component: US Navy

C. Date & type of discharge: Honorable 1968 /Reserves until 1971

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u> | <u>Type of Business</u>         | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|--------------------------------------|---------------------------------|-----------------------------|-----------------------------|
| <u>Lombardo Brokerage Service</u>    | <u>Life insurance brokerage</u> | <u>President</u>            | <u>15 years</u>             |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u> | <u>Period of Employment</u> |
|-----------------|-------------------------|-----------------------------|
| _____           | _____                   | _____                       |
| _____           | _____                   | _____                       |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

I have a background in business management and business ownership as well as holding positions on boards.  
I have also been involved with The Alfa Romeo Owners Club as their President for the last 13 years.  
I have been a member of The Rotary Club of Bonita Springs for 15 years. Have served as President, Treasurer,  
Board member and Foundation Trustee and Treasurer.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

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---

---

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

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---

---

---

D. Identify all association memberships and association offices held by you that relate to this appointment:

None

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18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

---

---

---

---

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19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u> | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|---------------------|--|-----------------------|----------------------------|
| Planning Commission | 2022                                   | Three Years           | City                       |
|                     |  |                       |                            |
|                     |  |                       |                            |
|                     |  |                       |                            |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: About every other month

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
| <u>All but one</u>       | <u>one</u>             | <u>Conflict</u>           |
|                          |                        |                           |
|                          |                        |                           |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|             |                            |                    |
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:  
A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No   
If "Yes", list:

A. Title of Office: \_\_\_\_\_

B. Term of Appointment: \_\_\_\_\_

C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No   
If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u>           | <u>Disciplinary Action/Date</u> |
|---|----------------------------|------------------------------------|---------------------------------|
| <u>A157716 Insurance</u>                      | <u>1979</u>                | <u>State of FL and State of CT</u> | <u>None</u>                     |
|   |                            |                                    |                                 |
|   |                            |                                    |                                 |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
| _____                   | _____                                      | _____   | _____                                   |
| _____                   | _____                                      | _____   | _____                                   |
| _____                   | _____                                      | _____   | _____                                   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
| _____                 | _____                        |
| _____                 | _____                        |
| _____                 | _____                        |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>  | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|--------------|------------------------|-----------------|-------------------------------|
| Thomas Brier | _____                  | _____           | _____                         |
| Gary Price   | _____                  | _____           | _____                         |
| John Spear   | _____                  | _____           | _____                         |
| _____        | _____                  | _____           | _____                         |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>                                | <u>Mailing Address</u> | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|--|------------------------|----------------------------------|------------------------------|
| The Rotary Club of Bonita Springs          | _____                  | Pres. Treas. Board               | 8/19/2009 to current         |
| PO Box 474, Bonita Springs FL 34135        | _____                  | _____                            | _____                        |
| Alfa Romeo Owners Club of Southwest FL     | _____                  | Pres. Board                      | 2006 to current              |
| 3776 Cracker Way, Bonita Springs, FL 34134 | _____                  | _____                            | _____                        |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

RECEIVED

CERTIFICATION

2024 AUG 26 AM 8:42

STATE OF FLORIDA  
COUNTY OF

LEE

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

Before me, the undersigned Notary Public of Florida, personally appeared

Robert D. Lombardo

who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.



Signature of Applicant-Affiant

Sworn to and subscribed before me this 21 day of August, 2024.



Signature of Notary Public-State of Florida

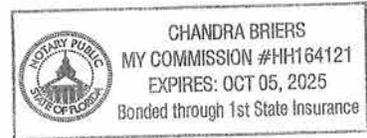
Chandra Briers

(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: Oct 5, 2025

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_



(seal)

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

# Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: Electrical Contractors Licensing Board

2. Current Employer and Occupation: Self employed Life Insurance Broker

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

ROBERT D LOMBARDO  
Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

680

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

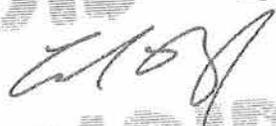
*Gilbert Timothy Gonzalez*

is duly appointed a member of the

**Electrical Contractors Licensing Board**

for a term beginning on the Twenty-Fourth day of January, A.D.,  
2025, until the Thirty-First day of October, A.D., 2026 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Eleventh day of February, A.D., 2025.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document.



**RON DESANTIS**  
GOVERNOR

RECEIVED

2025 JAN 30 PM 3:33

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

January 24, 2025

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 489.507, Florida Statutes:

Dr. Gilbert Gonzalez  
8101 Sierra Manor Lane  
Tampa, Florida 33635

as a member of the Electrical Contractors Licensing Board, filling a vacant seat previously occupied by Timothy Chinchor, subject to confirmation by the Senate. This appointment is effective January 24, 2025, for a term ending October 31, 2026.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/gc

RECEIVED

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

2019 JAN 31 AM 10:10

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of Hillsborough

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Electrical Contractors Licensing Board

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Gilbert Timothy Gonzalez  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 29 day of January, 2025.



Lee Ann Jespersen

Signature of Officer Administering Oath or of Notary Public

Lee Ann Jespersen  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

8510 Sunstate Street

Street or Post Office Box

Tampa, FL 33634

City, State, Zip Code

Gilbert Timothy Gonzalez

Print Name

Gilbert Timothy Gonzalez  
Signature

# FLORIDA SENATE CONFIRMATION QUESTIONNAIRE

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. **Please type or print in blue or black ink.**

January 28, 2025

Date Completed

1. Name: Mr. Gonzalez Gilbert Timothy  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 8510 Sunstate Street Tampa  
Street Office # City  
Florida 33634

3. Residence Address: 8101 Sierra Manor Lane, Tampa Hillsborough  
Street City County  
Florida 33635

Post Office Box State Zip Code Area Code/Phone Number  
Specify the preferred mailing address: Business  Residence

4. Fax # (optional) NA Email Address: @mcsoftampa.com

5. Date of Birth: \_\_\_\_\_ Place of Birth: Tampa, Florida

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Florida

8. Have you ever been known by any other legal name? Yes \_\_\_\_\_ No X If "Yes" explain:  
N/A

9. Are you a United States citizen? Yes  No  If "No" explain:

If you are a naturalized citizen, date of naturalization: N/A

10. Since what year have you been a continuous resident of Florida? 1964

11. Are you a registered Florida voter? Yes  No  If "Yes" list:  
A. County of Registration: Hillsborough B. Current Party Affiliation: Republican

12. Are you an officer, director, or administrator of a Florida state, county, or regional professional or occupational organization or association that relates to your profession or occupation or the board to which you have been appointed? If "Yes" explain:  
No

13. If required by law or administrative rule, will you file financial disclosure statements?  
Yes  No

2025 JAN 21 11:10:06

PREVIOUS

# FLORIDA SENATE CONFIRMATION QUESTIONNAIRE

As a general matter, applications for all positions within state government are public records which may be viewed by anyone upon request. However, there are some exemptions from the public records law for certain personal identifying information. If an exemption from the public records law applies to your submission, please check the appropriate boxes below.

**I attest that I am an individual covered under Section 119.071, F.S., as (check the appropriate item (only one)):**

- |  |    |   |
|--|----|---|
| <input type="checkbox"/> current             | or | <input type="checkbox"/> former             |
| <input type="checkbox"/> spouse of a current | or | <input type="checkbox"/> spouse of a former |
| <input type="checkbox"/> child of a current  | or | <input type="checkbox"/> child of a former  |

**and I hereby request the exemption (check applicable exemption category):**

- Addiction treatment facility (licensed pursuant to ch. 397, F.S.) director, manager, supervisor, nurse, or clinical employee (s. 119.071(4)(d)2.s.)
- Child advocacy center (meeting the standards set forth in ch. 39, F.S.) director, manager, supervisor, or clinical employee; or member of a Child Protection Team as set forth in s. 39.303, F.S. (s. 119.071(4)(d)2.t.)
- Clerk of circuit court, deputy clerk of circuit court, or clerk of circuit court personnel (s. 119.071(4)(d)2.y.)
- Code enforcement officer (s. 119.071(4)(d)2.i.)
- County attorney, assistant county attorney, deputy county attorney, city attorney, assistant city attorney, or deputy city attorney (s. 119.071(4)(d)2.w.)
- County tax collector (s. 119.071(4)(d)2.n.)
- Dept. of Agriculture and Consumer Services inspector or investigator (s. 119.071(4)(d)2.v.)
- Dept. of Business and Professional Regulation investigator or inspector (s. 119.071(4)(d)2.m.)
- Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities (s. 119.071(4)(d)2.a.)
- Dept. of Financial Services investigative personnel whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations (s. 119.071(4)(d)2.b.)
- Dept. of Health personnel whose duties support the investigations of child abuse or neglect, determination of benefits, or the investigation, inspection, or prosecution of health care practitioners (s. 119.071(4)(d)2.a.)
- Dept. of Health personnel whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the Dept. of Health (s. 119.071(4)(d)2.o.)
- Dept. of Juvenile Justice juvenile probation officer, juvenile probation supervisor, detention superintendent, assistant detention superintendent, senior juvenile detention officer, juvenile detention officer supervisor, juvenile detention officer, house parent I or II, house parent supervisor, group treatment leader, group treatment leader supervisor, rehabilitation therapist, or social services counselor (s. 119.071(4)(d)2.k.)

**List continued on next page.**

# FLORIDA SENATE CONFIRMATION QUESTIONNAIRE

## List continued from previous page.

- Dept. of Revenue personnel or local government personnel whose duties relate to revenue collection and enforcement or child support enforcement. (s. 119.071(4)(d)2.a.)
- Domestic violence centers (certified under ch. 39, F.S.) staff or domestic violence advocate as defined in s. 90.5036(1)(b), F.S. (s. 119.071(4)(d)2.u.)
- Emergency medical technician or paramedic certified under ch. 401, F.S. (s. 119.071(4)(d)2.q.)
- Firefighter certified in compliance with s. 633.408, F.S. (s. 119.071(4)(d)2.d.)
- Florida Gaming Control Commission member (s. 119.071(4)(d)2.x.)
- Guardian ad litem (s. 119.071(4)(d)2.j.)
- Human resource, labor relations, or employee relations director, or assistant director, manager, or assistant manager of any local government agency or water management district with personnel-related duties (s. 119.071(4)(d)2.h.)
- Impaired practitioner consultant whose duties result in a determination of a person's skill and safety to practice a licensed profession (s. 119.071(4)(d)2.p.)
- Inspector general employee or internal audit department employee whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline (s. 119.071(4)(d)2.r.)
- Judge (district court of appeal, circuit court or county court, or justice of the Florida Supreme Court (s. 119.071(4)(d)2.e.)
- Judicial assistant (s. 119.071(4)(d)2.e.)
- Judicial or quasi-judicial officer (general or special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, or child support enforcement hearing officer) (s. 119.071(4)(d)2.g.)
- Law enforcement personnel, including correctional officers and correctional probation officers (s. 119.071(4)(d)2.a.)
- Office of Financial Regulation, Bureau of Financial Investigations, investigative personnel whose duties include the investigation of fraud, theft, other related criminal activities, or state regulatory requirement violations (s. 119.071(4)(d)2.c.)
- Person employed by the U.S. Department of Defense who is authorized to access information that is deemed "secret" or "top secret" by the Federal Government or who is a servicemember of a special operations force (s. 119.071(5).k.)
- Prosecutor (state attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor) (s. 119.071(4)(d)2.f.)
- Public defender or criminal conflict and civil regional counsel (includes assistant public defenders and assistant criminal conflict and civil regional counsel) (s. 119.071(4)(d)2.l.)
- U.S. attorney or assistant attorney, U.S. appellate judge, U.S. district court judge, or U.S. magistrate (s. 119.071(5).i.)
- Victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence (s.119.071(2).j.)
- Other (list applicable statute): \_\_\_\_\_

**FLORIDA SENATE CONFIRMATION QUESTIONNAIRE**

RECEIVED

2025 JAN 31 AM 10:07

STATE OF FLORIDA  
COUNTY OF Hillsborough

STATE OF FLORIDA  
TALLahassee, FL

Before me, the undersigned Notary Public of Florida, personally appeared

Gilbert Gonzalez  
who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers and any submitted addendums to the Senate is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

[Signature]  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 29 day of January, 2025.

[Signature]  
Signature of Notary Public-State of Florida



Lee Ann Jespersen  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 6/26/2028

Personally Known OR Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

(seal)

Date Completed:  
December 17, 2024



**EXECUTIVE OFFICE OF GOVERNOR RON DESANTIS**  
**Office of Gubernatorial Appointments**  
**Appointments Questionnaire**

On behalf of Governor DeSantis, thank you for your interest in serving the state of Florida. This file must be downloaded to your computer before being filled out. There is no save feature included with the online version of this form. Any information entered to the online version of this form will be lost when downloaded. After the .pdf is downloaded and filled out, it can be saved to your computer for upload and to retain a copy for your records. If the board application page is not working, this questionnaire can be submitted via the email address below.

[appointments@eog.myflorida.com](mailto:appointments@eog.myflorida.com)

The information from this questionnaire will be used by the Governor's office and, where applicable, the Florida Senate in considering action on your confirmation.

- The questionnaire **MUST BE COMPLETED IN FULL**
- Answer "none" or "not applicable" where appropriate
- Please type or print in black or blue ink

Please be mindful that Florida has a very broad public records law and applications that are submitted for appointment may be subject to review by the public in accordance with Art. 1, s. 24 of the Florida Constitution. Additionally, some positions that are appointed by the Governor may require you to complete a financial disclosure form if appointed. Please contact the Florida Commission on Ethics if you have any questions regarding financial disclosure at (850) 488-7864.

**PERSONAL INFORMATION**

1. Salutation: Mr. First: Gilbert Middle: Timothy Last: Gonzalez
2. Marital Status: Married Spouse information, if applicable: First: Kimberly Last: Gonzalez
3. Have you ever been known by any other legal name? Yes  No

If "yes", explain.

N/A

4. Please list all of your places of residence for the last ten (10) years from most current to previous.

| Address                | City, State, & Zip Code | Dates: From/To  |
|------------------------|-------------------------|-----------------|
| 8101 Sierra Manor Lane | Tampa FL 33635          | 2010 to current |
| 8107 Sierra Manor Lane | Tampa FL 33635          | 2000 to 2010    |

5. Since what year have you been a continuous resident of Florida? Since 1964 - all my life
6. List all of your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address    | City, State, & Zip Code | Dates: From/To |
|------------|-------------------------|----------------|
| <u>N/A</u> |                         |                |

**EDUCATION**

| Type of School | Name and Location of School          | Year Graduated | Field of Study            |
|----------------|--------------------------------------|----------------|---------------------------|
| High School    | Jesuit High School, Tampa FL         | 1981           | High School               |
| Undergraduate  | USF, Tampa FL - BS                   | 1986           | Business Administration   |
| Graduate       | USF, Tampa FL - MBA w Honors         | 1990           | College of Business Admin |
| Other          | USF, Tampa FL - Doctor of Bus. Admin | 2017           | Muma College of Business  |

*\*If you have additional education that you would like to include, please attach additional pages at the end of this document.*

**EMPLOYMENT**

1. Are you retired? Yes  No

2. Please list your current employer and job title. If retired, please provide your most recent employer and job title. Current Employer MCS of Tampa Job Title Founder and CEO

3. Please list any employers and job titles held within the past ten (10) years from most current to previous.

| Employer     | Job Title           | Dates: From/To  |
|--------------|---------------------|-----------------|
| MCS of Tampa | Founder and CEO     | 1991 to Current |
| USF          | Associate Professor | 2018 to Current |
|              |                     |                 |
|              |                     |                 |
|              |                     |                 |

4. Have you ever been employed by any state, district, or local government agency in Florida that were not listed above? Yes  No

If "yes", list:

| Name of Employing Agency | Position | Period(s) of Employment |
|--------------------------|----------|-------------------------|
|                          |          |                         |
|                          |          |                         |
|                          |          |                         |

5. Have you ever been asked to resign or been terminated from any form of employment? Yes  No

If "yes", explain. \_\_\_\_\_

6. Have you ever been the object of any administrative or civil action based upon discrimination in the workplace? Yes  No

If "yes", explain and indicate the disposition of the administrative or civil action.

7. Are you or have you ever been a member of the Armed Forces of the United States? Yes  No

Did you serve in combat? Yes  No  Branch and Component \_\_\_\_\_

Dates of Service \_\_\_\_\_ Date and Type of Discharge \_\_\_\_\_

**PUBLIC SERVICE**

1. Have you ever been elected to any public office in this state? Yes  No

If "yes", list:

| Title(s) of Office | Date of Election(s) | Term of Office(s) | Level of Government |
|--------------------|---------------------|-------------------|---------------------|
|                    |                     |                   |                     |
|                    |                     |                   |                     |
|                    |                     |                   |                     |

2. Have you ever been a candidate for any public office in this state? Yes  No

If "yes", list:

| Title(s) of Office | Date(s) of Candidacy | Election Results |
|--------------------|----------------------|------------------|
|                    |                      |                  |
|                    |                      |                  |
|                    |                      |                  |

3. Have you ever been appointed to any public office in this state? Yes  No

If "yes", list:

| Title(s) of Office | Date(s) of Appointment | Term of Office(s) | Level of Government |
|--------------------|------------------------|-------------------|---------------------|
|                    |                        |                   |                     |
|                    |                        |                   |                     |
|                    |                        |                   |                     |

If you have been appointed to any public office, answer the following:

Number of meetings held during your tenure on the board \_\_\_\_\_

Number of meetings you attended \_\_\_\_\_

Number of meetings you missed \_\_\_\_\_

Reason(s) for your absence \_\_\_\_\_

4. Have any members of your immediate family (spouse, child, parent(s), sibling(s)) been appointed to serve as a Gubernatorial appointee in the state of Florida? Yes  No

If "yes", list:

| Name of Appointee | Relation to You | Date of Appointment | Title(s) of Office |
|-------------------|-----------------|---------------------|--------------------|
|                   |                 |                     |                    |
|                   |                 |                     |                    |

5. Have you ever been appointed to any office that required confirmation by the Florida Senate?

Yes  No

If "yes", list:

| Title(s) of Office | Term(s) of Appointment | Confirmation Result |
|--------------------|------------------------|---------------------|
|                    |                        |                     |
|                    |                        |                     |

6. Have you ever resigned from any position, elected or appointed? Yes  No

If "yes", list:

| Title(s) of Office | Date(s) of Resignation | Reason for Resignation |
|--------------------|------------------------|------------------------|
|                    |                        |                        |
|                    |                        |                        |

7. Have you ever been suspended by the Governor of the state of Florida or any Governor from any position, elected or appointed? Yes  No

If "yes", list:

| Title(s) of Office | Date(s) of Suspension | Reason for Suspension |
|--------------------|-----------------------|-----------------------|
|                    |                       |                       |
|                    |                       |                       |

**ETHICAL DISCLOSURE**

1. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? This would include any time you have ever been convicted, entered a guilty plea of nolo contendere for any criminal violation (exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No

If "yes", explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you have ever been convicted of a crime and that record is sealed or expunged, select one of the following: Sealed  Expunged  Not Applicable

3. Are you currently facing investigation, charges, or indictment for any violation of law?

Yes  No

If "yes", explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been a party or involved in any civil or criminal legal proceedings?

Yes  No

If "yes", explain (Do not include any information where no allegations of wrongdoing were alleged against you).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you the plaintiff or defendant in any action pending before any judicial or administrative tribunal?

Yes  No

If "yes", explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been refused a fidelity, surety, performance, or other bond?

Yes  No

If "yes", explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. In the last five years, has any business in which you, a spouse, a relative, or a business associate been a party to any administrative agency proceeding or civil litigation relevant to the position in which you wish to be appointed to? Yes  No

If "yes", explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? Yes  No

If "yes", list:

Date(s) of Violation

Nature of Violation(s)

Disposition

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you, or any business of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local government agency in Florida, including the office or agency to which you have been appointed to or are seeking appointment?

Yes  No

If "yes", explain.

| Name of the Business | Your Relationship to the Business | Business Relationship to the Agency |
|----------------------|-----------------------------------|-------------------------------------|
|                      |                                   |                                     |
|                      |                                   |                                     |
|                      |                                   |                                     |

10. Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the agency to which you have been appointed or are seeking appointment? Yes  No

If "yes", explain.

| Name of the Business | Relationship to you | Their Relationship to Business | Business Relationship to the Agency |
|----------------------|---------------------|--------------------------------|-------------------------------------|
|                      |                     |                                |                                     |
|                      |                     |                                |                                     |
|                      |                     |                                |                                     |

11. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the last five (5) years? Yes  No

a. Did you receive any compensation other than reimbursement for expenses? Yes  No

If "yes", explain.

| Name of the Agency Lobbied | Principal(s) you represented |
|----------------------------|------------------------------|
|                            |                              |
|                            |                              |
|                            |                              |

12. Dual Office Holding? Yes  No

Article II, section 5(a) of the Florida Constitution prohibits any person from holding more than one office under the government of the state, counties, and municipalities at the same time, except for certain exclusions stated therein (notary public, military officer, member of a statutory body having only advisory powers, etc.).

13. Are there any other possible conflicts of interest or perceived conflicts of interest that could hinder your ability to serve as a Gubernatorial appointee? Yes  No

If "yes", explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE AND INTERESTS**

1. Please state your experiences and interests or elements of your personal history that qualify you for appointment to this board. I have been self employed for 34 years with the company I have founded and a licensed contractor for 30 years. MCS is at the forefront of delivering pioneering technology solutions and has a dedicated team of over 300 professionals operating across the Unites States. I have received my MBA with honors from USF specializing in management of information systems and economics along with earning my Doctor of Business Admin degree from USF.

2. Please list any awards or recognitions that you have received within the past ten (10) years. Small Business Person of the Year for Florida in 2005 recognized by US Small Business Admin. MCS has been honored as a two-time finalist for the Greater Chamber of Commerce Small Business of the Year Award.

3. Describe your understanding of the role of a member on the board that you are applying to be considered for. In the world of electrical contracting, there is no room for error. Contractors must be properly trained and licensed to ensure jobs are done correctly and there is no risk of injury or damage to the general public. I believe the role of the ECLB is critical in maintaining the public's confidence in those contractors that are entrusted by the State of Florida to conduct this important work for residential and commercial properties.

4. Please explain why you want to serve as a Gubernatorial appointee and share anything else that you think may be helpful. Serving as Gubernatorial appointee will continue to keep me involved in the industry in a very important way. It will also help future contractors by serving the community with safe licensing, ensuring all are adhering to the rules and regulations set forth.

\_\_\_\_\_  
\_\_\_\_\_

5. Have you held or do you hold an occupational or professional license or certificate in the state of Florida?

Yes  No

If "yes", list:

| Type of License/Certification | Original Issue Date | Issuing Authority  | License Number |
|-------------------------------|---------------------|--|----------------|
| Electrical Contractor         | 08/11/2006          | State of FL Dept of Business and Professional Regulation | EC13003331     |
| Low Voltage - ES              | 02/22/1999          | State of FL Dept of Business and Professional Regulation | ES0000299      |

6. Have you ever had any disciplinary action taken against a license or certification issued to you, including a fine, probation, revocation, or disbarment? Yes  No

If "yes", explain.

7. Please identify all association memberships and offices (including any business, professional, occupation, civil, fraternal organizations, or any profit or not-for-profit board) that you currently hold or have held in the past ten (10) years including volunteer positions.

| Name of Association  | Role in the Association | Dates of your Membership |
|--|-------------------------|--------------------------|
| Independent Electrical Contractors (IEC)                   | Member                  | Over 10 years - current  |
| Building Industry Consulting Service International (BICSI) | Member                  | Over 20 years - current  |
| USF Foundation   | Member                  | 2019 to current          |
| Truist Advisory Board                                      | Member                  | 2010 to current          |

8. List three people who have known you well within the past five (5) years. Please exclude relatives:

| Name            | Organization                  | Relation to you   | Phone Number and Email Address |
|-----------------|-------------------------------|-------------------|--------------------------------|
| Jim Slagle      | MCS of Tampa                  | Employee          | @mcsoftampa.com                |
| Steven Brown    | Mainstream IP Solutions, Inc. | Partner/Colleague | @mainstreamip.com              |
| Andres Lendoiro | Hudson Group                  | Friend            | @HudsonGroup.com               |

9. Did someone refer you to apply to be considered for appointment to this board? Yes  No

If "yes", list their name. David Shepp - The Southern Group

**CERTIFICATION AND SIGNATURE**

1. Do you know of any reason why you would not be able to attend fully to the duties of the office or position to which you have been or could be appointed? Yes  No

If "yes", explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws. Initial here. GG

3. If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S. Initial here. GG

4. I understand that any appointment tendered to me will be contingent upon the results of a background investigation, and I am aware that withholding information or making false statements on this application may be the basis for non-appointment by the Executive Office of the Governor and criminal penalties. I agree to these conditions, and I declare that I have read the foregoing application and any attachments and the facts stated within them are true, correct, and complete to the best of my knowledge and belief. Initial here. GG

5. By checking this box and typing my name below, I am electronically signing my application and understand that an electronic signature has the same force and effect as a written signature.

/s/First Gilbert Middle Timothy Last Gonzalez Suffix \_\_\_\_\_

*Please save this document to upload with your board application.*

If you have any questions, please call (850) 717-9243 or email

appointments@eog.myflorida.com

If you need more space, add additional pages at the end of the document.

680

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*Rafael Echarri*

is duly appointed a member of the

**Electrical Contractors Licensing Board**

for a term beginning on the Sixteenth day of August, A.D.,  
2024, until the Thirty-First day of October, A.D., 2025 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Second day of October, A.D., 2024.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document.



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 AUG 28 AM 9:58  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

August 16, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 489.507, Florida Statutes:

Mr. Rafael Echarri  
7447 Northwest 48<sup>th</sup> Street  
Miami, Florida 33166

as a member of the Electrical Contractors Licensing Board, subject to confirmation by the Senate. This appointment is effective August 16, 2024, for a term ending October 31, 2025.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/es

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DEPARTMENT OF STATE  
2024 SEP 23 AM 11:13  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of Dade

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

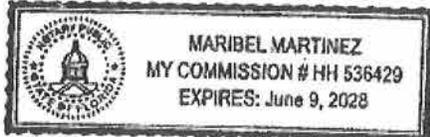
Electrical Contractors Licensing Board (ECLB)  
(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

[Signature]  
Signature

(Affix Seal Below)



Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 18 day of September 2024.

[Signature]  
Signature of Officer Administering Oath or of Notary Public  
Maribel Martinez  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification   
Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

7447 NW 48 St

Street or Post Office Box

MIAMI FL 33146

City, State, Zip Code

Rafael Echarri  
Print Name

[Signature]  
Signature

127962

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

9/16/2024  
Date Completed

1. Name: Mr Echarri Rafael  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 7447 nw 48 st miami  
Street Office # City  
FI 33166

Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 8270 SW 72 ST Miami Dade  
Street City County  
FI 33143

Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address       | City & State   | From | To      |
|---------------|----------------|------|---------|
| 8270 SW 72 St | Miami FI 33143 | 2011 | present |
|               |                |      |         |
|               |                |      |         |
|               |                |      |         |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address                | City & State | From | To   |
|------------------------|--------------|------|------|
| Lombillo 228, El Cerro | Havana, Cuba | 1974 | 1995 |
|                        |              |      |      |
|                        |              |      |      |
|                        |              |      |      |

5. Date of Birth: \_\_\_\_\_ Place of Birth: havana

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: FI

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2024 SEP 23 AM 11:13  
DIVISION OF ELECTIONS  
AT TALLAHASSEE, FL

9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: DECEMBER 2001

10. Since what year have you been a continuous resident of Florida? 1995

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: MIAMI DADE B. Current Party Affiliation: NPA

12. Education

A. High School: HAVANA, CUBA Year Graduated: 1991  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>       | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u>           |
|----------------------------------|-----------------------|--|
| ISPJAE, Havana, Cuba             | 1991-1995             | n/a  |
| Miami Dade College               | 1995-1998             | English as Second Language                     |
| Florida International University | 1998 - 2001           | Bachelor of Sciences in Electrical Engineering |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: \_\_\_\_\_  
B. Branch or Component: \_\_\_\_\_  
C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u>      | <u>Type of Business</u> | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|---|-------------------------|-----------------------------|-----------------------------|
| R&D Electric, Inc 7447 NW 48 ST, Miami FL | Electrical Contractor   | President                   | 2002 to present             |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u> | <u>Period of Employment</u> |
|-----------------|-------------------------|-----------------------------|
| _____           | _____                   | _____                       |
| _____           | _____                   | _____                       |
| _____           | _____                   | _____                       |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

My story maybe different to the one you are probably used to read. I arrived to the US at the age of 21. I had no money and did not know haow to speak or write in English. I was fortunate to find a job as an electrician's helper, that is when i fell in love with thwe trade. I learned the business, i enrolled in school, belcame an engineere, obtained my license, and made a career out of it.  
I want to make my industry better. I am well aware of my surroundings, fraud, abuse, unlicensed activities, etc. By continuing on the board, i can help Florida to be a better place.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

Bachellor in electrical engineering in 2001  
Engineer Intern FBPE1100008405  
Electrical Contractor EC13001534

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Identify all association memberships and association offices held by you that relate to this appointment:

Engineering Contraxctor Association Member 2015-2018  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| Office Title | Date of Election or Appointment | Term of Office | Level of Government |
|--------------|---------------------------------|----------------|---------------------|
| board member | 2014                            | 2014-2022      | appointment         |
| _____        | _____                           | _____          | _____               |
| _____        | _____                           | _____          | _____               |
| _____        | _____                           | _____          | _____               |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: every other month

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u>    | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|-----------------------------|------------------------|---------------------------|
| <u>too many to remember</u> | <u>1</u>               | <u>personal</u>           |
|                             |                        |                           |
|                             |                        |                           |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|             |                            |                    |
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:  
A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No   
If "Yes", list:

A. Title of Office: appointment office

B. Term of Appointment: 2014-

C. Confirmation results: confirmed!

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No   
If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate<br/>Title &amp; Number</u> | <u>Original<br/>Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|--------------------------------|--------------------------|---------------------------------|
|   |                                |                          |                                 |
|   |                                |                          |                                 |
|   |                                |                          |                                 |
|   |                                |                          |                                 |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
|                       |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>        | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|--------------------|------------------------|-----------------|-------------------------------|
| Mercedes Cabrerizo |                        |                 |                               |
| Mily Gonzalez      |                        |                 |                               |
| Mariberl Martinez  |                        |                 |                               |
|                    |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u> | <u>Mailing Address</u> | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|-------------|------------------------|----------------------------------|------------------------------|
|             |                        |                                  |                              |
|             |                        |                                  |                              |
|             |                        |                                  |                              |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

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DEPARTMENT OF STATE

2024 SEP 23 AM 11:14

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

### CERTIFICATION

STATE OF FLORIDA  
COUNTY OF Dade

Before me, the undersigned Notary Public of Florida, personally appeared RAFAEL Echarri, who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

[Signature]  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 18<sup>th</sup> day of September, 2024.

[Signature]  
Signature of Notary Public-State of Florida

Maribel Martinez  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 6/9/28

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_



## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

## Senate Confirmation Questionnaire

*Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250*

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: Electrical Contractor Licensing Board

2. Current Employer and Occupation: R&D Electric Inc occupation: Contractor

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

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5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

*Rafael Echarri*

*[Signature]*

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

710

**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**Division of Elections**

I, Cord Byrd, Secretary of State,  
do hereby certify that

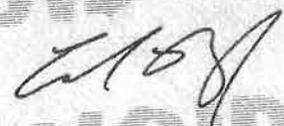
***James Gonzalez***

is duly appointed a member of the

**Board of Professional Engineers**

for a term beginning on the Sixth day of December, A.D., 2024,  
until the Thirty-First day of October, A.D., 2027 and is subject  
to be confirmed by the Senate during the next regular session of  
the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Eighth day of January, A.D., 2025.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document.



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC 19 PM 12:58  
DIVISION OF ELECTIONS  
TALLAHASSEE FL

December 6, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 471.007 Florida Statutes:

Mr. James Gonzalez  
4655 Salisbury Road  
Suite 200  
Jacksonville, Florida 32256

as a member of the Board of Professional Engineers, subject to confirmation by the Senate. This appointment is effective December 6, 2024, for a term ending October 31, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/mp

RECEIVED

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

2025 JAN -6 AM 8:23

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of Duval

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

FLORIDA Board of Professional Engineers

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature [Handwritten Signature]

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 20 day of December, 2024.

Signature of Officer Administering Oath or of Notary Public [Handwritten Signature]



Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

4655 Satisfactory Road, Suite 200

Street or Post Office Box

James Garza  
Print Name

Jacksonville, FL 32256

City, State, Zip Code

Signature [Handwritten Signature]

128168

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

12/20/2024

Date Completed

1. Name: Mr. Gonzalez James Matthew  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 4655 Salisbury Road, Suite 200, Jacksonville Florida 32256  
Street Office # City

Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 2599 River Enclave Lane, Jacksonville Florida 32226  
Street City County

Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address                 | City & State         | From          | To      |
|-------------------------|----------------------|---------------|---------|
| 2599 River Enclave Lane | Jacksonville Florida | December 2017 | Present |
|                         |                      |               |         |
|                         |                      |               |         |
|                         |                      |               |         |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address                  | City & State | From        | To       |
|--------------------------|--------------|-------------|----------|
| 300 Avon Road, Devon, PA |              | August 2004 | May 2007 |
|                          |              |             |          |
|                          |              |             |          |
|                          |              |             |          |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Virginia

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain  
N/A

2025 JAN -6 AM 8:24  
FALL HAVEN STATE

9. Are you a United States citizen? Yes  No  If "No" explain:

N/A

If you are a naturalized citizen, date of naturalization: N/A

10. Since what year have you been a continuous resident of Florida? 1987

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Duval

B. Current Party Affiliation: Republican

12. Education

A. High School: Tarpon Springs High School, Tarpon Springs, Florida  
(Name and Location)

Year Graduated: 1999

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>            | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u> |
|---------------------------------------|-----------------------|--------------------------------------|
| Univ. of South Florida, Tampa Florida | 2002-2003             | Bachelor's degree in finance         |
| Villanova Univ. School of Law         | 2004-2007             | Juris Doctorate                      |
| Villanova Univ. School of Business    | 2005-2007             | M.B.A.                               |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: Commissioned February 2015

B. Branch or Component: USAF - reserve

C. Date & type of discharge: still currently serving in the USAF - reserve capacity

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| N/A         |              |               |                    |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u>  | <u>Type of Business</u> | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|---|-------------------------|-----------------------------|-----------------------------|
| Cobb & Gonzalez, P.A. 4655 Salisbury Road, Suite 200, Jacksonville, Florida, 32256, | Law Firm,               | Partner,                    | Feb 2019 - Present          |
| Barron & Newburger, P.C. 7320 N Mopac Expy #400, Austin, TX 78731,                  | Law Firm,               | Attorney (Florida branch),  | Nov 2017 - Sept 2018        |
| Department of Defense - USAF  |                         | JAG                         | Feb 2015 - present          |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u> | <u>Period of Employment</u> |
|-----------------|-------------------------|-----------------------------|
|-----------------|-------------------------|-----------------------------|

N/A

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

In a legal capacity, I have represented construction design professionals, contractors, and tradesmen for over 14 years. My law practice focuses on all facets of construction from design through completion and any issues that take place thereafter. I have represented dozens of architects and engineers regarding business disputes, contractual disputes, professional negligence claims, lien issues, collection issues, as well as warranty claims. I am well versed in the relevant statutes and guidelines for these design professionals.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

I have taught Florida lien law to numerous contractors. I also provided classes on construction contracting & warranties. In my military capacity, I completed contract courses & provide legal review on multi-million dollar DoD projects.

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

2022 Super Lawyers - Business Litigation  
2021 Super Lawyers Rising Star - Business Litigation  
2023 Super Lawyers  
2024 Super Lawyers

D. Identify all association memberships and association offices held by you that relate to this appointment:

Florida Bar - Attorney - 2007 to present  
District of Columbia Bar - Attorney (non-active) - 2008 to present  
Jacksonville Bar Association - Member - 2011 to present  
Florida Bar - Real Property/Construction Law - Construction Licensing co-chair - 2021 to 2022  
Florida Bar - Business Law co-chair - 2022-2023  
Florida Bar - Hispanic association co-chair - 2022-2023

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

NA

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| Office Title                            | Date of Election or Appointment | Term of Office | Level of Government |
|---|---------------------------------|----------------|---------------------|
| Florida Board of Professional Engineers | December 2022                   | October 2023   | Florida State       |
| N/A                                     |                                 |                |                     |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: Monthly

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u>     | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|------------------------------|------------------------|---------------------------|
| <u>All meetings attended</u> |                        |                           |
|                              |                        |                           |
|                              |                        |                           |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
| <u>N/A</u>  |                            |                    |
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: N/A C. Reason for suspension: N/A

B. Date of suspension: N/A D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: Florida Board of Professional Engineers

B. Term of Appointment: Approx 10 months

C. Confirmation results: Confirmed

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

N/A

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u>         | <u>Original Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--------------------------|---------------------------------|
| <u>Florida Bar: License No. 0048065 - Issued 2007</u> |                            | <u>Florida Bar</u>       | <u>N/A</u>                      |
|   |                            |                          |                                 |
|   |                            |                          |                                 |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
| <u>N/A</u>              |                                      |   |
|                         |                                      |   |
|                         |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
| N/A                     |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
| N/A                   |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>             | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|-------------------------|------------------------|-----------------|-------------------------------|
| Christopher Cobb, Esq.  |                        |                 |                               |
| Thomas Saxey, Esq.      |                        |                 |                               |
| James P. Hanratty, Esq. |                        |                 |                               |
|                         |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>                      | <u>Mailing Address</u>                                     | <u>Office(s) Held &amp; Term</u>            | <u>Date(s) of Membership</u> |
|----------------------------------|--|---|------------------------------|
| Florida Bar                      | 651 E Jefferson St, Tallahassee, Florida                   | - Attorney                                  | - 2007 to present            |
| District of Columbia Bar         | 1016 16th St NW, Washington, DC 20036                      | - Attorney (non-active)                     | - 2008 to present            |
| Jacksonville Bar Assoc.          | 1 Independent Dr #120, Jacksonville, FL 32202              | - Member                                    | - 2011 to present            |
| Florida Bar                      | - 651 E Jefferson St, Tallahassee, Florida                 | Real Prop/Construction - Licensing co-chair | - 2021 to present            |
| Pancreatic Cancer Action Network | 1500 Rosecrans Avenue, Suite 200 Manhattan Beach, CA 90266 | - NE Florida Affiliate Chair                | 2015, 2016, 2018             |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

|     |
|-----|
| N/A |
|     |
|     |

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

CERTIFICATION

STATE OF FLORIDA  
COUNTY OF Duval

Before me, the undersigned Notary Public of Florida, personally appeared JAMES GONZALEZ, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

[Signature]  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 30<sup>th</sup> day of December, 2021.

[Signature]  
Signature of Notary Public-State of Florida

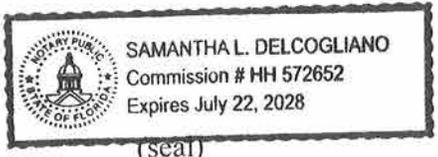
Samantha DelCogliano  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: July 22, 2028

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

2025 JUL -6 AM 8:24  
ALL EMISSIONS  
FALL UNDER F.F.I.



(Seal)

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

## Senate Confirmation Questionnaire

Please mail to: Room316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: Florida Board of Professional Engineers

2. Current Employer and Occupation: Cobb & Gonzalez, P.A. - Attorney

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

N/A

5. \*Sex: Male  Female

6. \*Race: White  African-American

Hispanic-American  Asian/Pacific Islander

Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

No.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

Yes. Boys & Girls Club, First Tee of North Florida, or other similar program(s).

James Gonzalez

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

STATE OF FLORIDA  
DEPARTMENT OF STATE  
Division of Elections

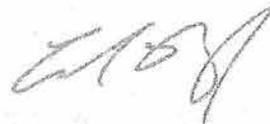
I, Cord Byrd, Secretary of State,  
do hereby certify that

*Brock Shrader*

is duly appointed a member of the  
**Board of Professional Engineers**

for a term beginning on the Sixth day of December, A.D., 2024,  
until the Thirty-First day of October, A.D., 2025 and is subject  
to be confirmed by the Senate during the next regular session of  
the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Twenty-Seventh day of December, A.D., 2024.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC 19 PM 12:58  
DIVISION OF ELECTIONS  
TALLAHASSEE FL

December 6, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 471.007 Florida Statutes:

Mr. Brock Shrader  
3236 Lake George Cove Drive  
Orlando, Florida 32812

as a member of the Board of Professional Engineers, filling a vacant seat previously occupied by Scott Drury, subject to confirmation by the Senate. This appointment is effective December 6, 2024, for a term ending October 31, 2025.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/ch

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

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DEPARTMENT OF STATE  
2024 DEC 20 AM 8:07  
DIVISION OF ELECTIONS  
TALLAHASSEE FL

STATE OF FLORIDA

County of Orange

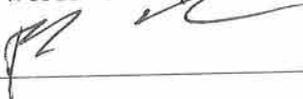
I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Board of Professional Engineers

(Full Name of Office – Abbreviations Not Accepted)

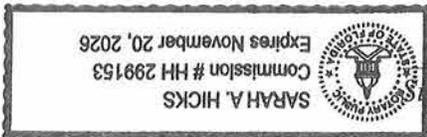
on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature 

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 17<sup>th</sup> day of December, 2024.



Signature of Officer Administering Oath or of Notary Public

Sarah A. Hicks  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

3236 Lake George Cove Dr

Brock Shrader

Street or Post Office Box

Print Name

Orlando, FL 32812

Signature 

City, State, Zip Code

128160

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate.

Please type or print in blue or black ink.

12/16/2024

Date Completed

1. Name: Mr. Shrader Brock Hunt  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 200 E Robinson St. Ste 970 Orlando  
Street Office # City  
FL 32801

Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 3236 Lake George Cove Dr Orlando Orange  
Street City County  
FL 32812

Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # NA  
(optional)

4. A. List all your places of residence for the last five (5) years.

| Address                  | City & State | From    | To      |
|--------------------------|--------------|---------|---------|
| 3236 Lake George Cove Dr | Orlando, FL  | 10/2024 | present |
| 10091 88th Way           | Seminole, FL | 02/2021 | present |
| 2011 E Central Blvd      | Orlando, FL  | 02/2016 | 10/2024 |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address | City & State | From | To |
|---------|--------------|------|----|
| NA      |              |      |    |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Fountain Valley, CA

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

NA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
2024 DEC 20 AM 8:07  
DIVISION OF ELECTORAL  
AFFAIRS

9. Are you a United States citizen? Yes  No  If "No" explain:

NA

If you are a naturalized citizen, date of naturalization: NA

10. Since what year have you been a continuous resident of Florida? 1990

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Orange

B. Current Party Affiliation: No Party Affiliation

12. Education

A. High School: Osceola Fundamental High School, Seminole, FL  
(Name and Location)

Year Graduated: 2001

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>                                  | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u>         |
|---|-----------------------|--|
| Georgia Institute of Technology                             | 08/2001 - 05/2006     | Bachelor of Science - Mechanical Engineering |
| Florida Agricultural & Mechanical University College of Law | 08/2009 - 12/2013     | Juris Doctorate                              |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: NA

B. Branch or Component: NA

C. Date & type of discharge: NA

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u>   | <u>Nature</u>                     | <u>Disposition</u> |
|-------------|----------------|-----------------------------------|--------------------|
| 8/2003      | Alachua County | Possesion of Alcohol under 21 YOA | Noelle Prosequi    |
| 1/13/2022   | Orange County  | DUI                               | Noelle Prosequi    |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u> | <u>Type of Business</u> | <u>Occupation/Job Title</u>                  | <u>Period of Employment</u> |
|--------------------------------------|-------------------------|--|-----------------------------|
| Wilson & Girgenti, PA                | Engineering Consulting  | Intern - Engineer - Manager - VP - President | 5/12/2006 - present         |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u> | <u>Period of Employment</u> |
|-----------------|-------------------------|-----------------------------|
| NA              |                         |                             |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

I have worked in the Construction industry for over 18 years. In that time I have interacted with many Professional Engineers (PE). In my industry, we are constantly using the Florida Building Code and other codes related to the practice of engineering and construction. Following these codes is a direct responsibility of a PE. I practice Mechanical (HVAC), Electrical, and Plumbing engineering as a PE where typically most PEs in this industry practice one discipline.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

Mechanical Engineering Degree + Juris Doctorate. I am currently licensed as a Professional Engineer in 43 states.

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

Orlando Business Journal Best Places to Work - 2021, 2022, 2023, 2024;  
Florida Trend Best Companies to Work For - 2022, 2023, 2024

D. Identify all association memberships and association offices held by you that relate to this appointment:

Black Architects in the Making (BAM) Orlando Treasurer Chair

American Society of Plumbing Engineers

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

NA

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u> | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|---------------------|--|-----------------------|----------------------------|
|---------------------|--|-----------------------|----------------------------|

NA

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: NA

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
|--------------------------|------------------------|---------------------------|

NA

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|-------------|----------------------------|--------------------|

NA

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: \_\_\_\_\_

B. Term of Appointment: \_\_\_\_\_

C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

NA

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--------------------------|---------------------------------|
|---|----------------------------|--------------------------|---------------------------------|

Professional Engineer - 72496 01/29/2011 Florida Board of Professional Engineers None

Engineer Intern - 1100011790 08/09/2007 Florida Board of Professional Engineers None

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
|-------------------------|--------------------------------------|---|

NA

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
| NA                      |  |   |   |
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
| NA                    |                              |
|                       |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>     | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|-----------------|------------------------|-----------------|-------------------------------|
| Joseph Girgenti |                        |                 |                               |
| Jeff Gum        |                        |                 |                               |
| James Moore     |                        |                 |                               |
|                 |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>                | <u>Mailing Address</u> | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|----------------------------|------------------------|----------------------------------|------------------------------|
| University Club of Orlando | NA                     | Member                           | 03/2014 - 09/2023            |
|                            |                        |                                  |                              |
|                            |                        |                                  |                              |
|                            |                        |                                  |                              |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

|    |
|----|
| NA |
|    |
|    |
|    |

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

CERTIFICATION

STATE OF FLORIDA  
COUNTY OF

Orange

Before me, the undersigned Notary Public of Florida, personally appeared

Sarah Hicks

who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

*[Handwritten Signature]*

Signature of Applicant-Affiant

Sworn to and subscribed before me this 17<sup>th</sup> day of December, 2024.

*[Handwritten Signature]*

Signature of Notary Public-State of Florida

Sarah A. Hicks

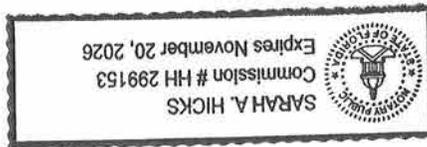
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: \_\_\_\_\_

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC 20 AM 8:07  
DIVISION OF ELECTIONS  
1111 GENE SMITH BLVD  
TALLAHASSEE, FL 32399



(seal)

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

# Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: Florida Board of Engineers

2. Current Employer and Occupation: Wilson & Girgenti, PA - President

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

5. \*Sex: Male  Female

6. \*Race: White  African-American

Hispanic-American  Asian/Pacific Islander

Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor. **NO**

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor. **YES**

**Brock Shrader**

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

710

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

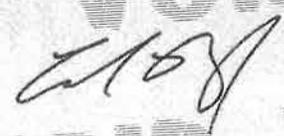
**Pankaj J. Shah**

is duly appointed a member of the

**Board of Professional Engineers**

for a term beginning on the Sixth day of December, A.D., 2024,  
until the Thirty-First day of October, A.D., 2028 and is subject  
to be confirmed by the Senate during the next regular session of  
the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Eighth day of January, A.D., 2025.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11 document.



RECEIVED  
DEPARTMENT OF STATE  
**RON DESANTIS**  
GOVERNOR  
2024 DEC 19 PM 12:58  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

December 6, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 471.007 Florida Statutes:

Mr. Pankaj "P.J." Shah  
2711 Northridge Drive East  
Clearwater, Florida 33761

as a member of the Board of Professional Engineers, subject to confirmation by the Senate. This appointment is effective December 6, 2024, for a term ending October 31, 2028.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/mp

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

RECEIVED  
DEPARTMENT OF STATE

2025 JAN -7 PM 1:48

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of PINELLAS

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

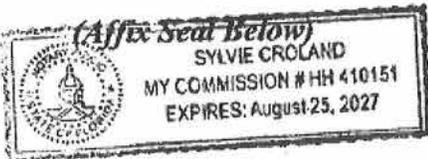
FLORIDA BOARD OF PROFESSIONAL ENGINEERS

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

P. J. Shah  
Signature



Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 3<sup>rd</sup> day of January, 2025.

Sylvie Croland  
Signature of Officer Administering Oath or of Notary Public  
SYLVIE CROLAND

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

2711 NORTHRIDGE DR. E  
Street or Post Office Box

PANKAJ J SHAH  
Print Name

CLEARWATER, FL 33761  
City, State, Zip Code

P. J. Shah  
Signature

128175

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

1-2-25

Date Completed

1. Name: Mr. SHAH PANKAJ J  
(Mr./Mrs./Ms.) Last First Middle/Maiden

2. Business Address: NOT APPLICABLE (N/A)  
Street Office # City

Post Office Box State Zip Code Area Code/Phone Number  
3. Residence Address: 2711 NORTHRIDGE DR.E CLEARWATER PINELLAS  
Street City County

Post Office Box State Zip Code Area Code/Phone Number  
FL 33761

Specify the preferred mailing address: Business  Residence  Fax # N/A.  
(optional)

4. A. List all your places of residence for the last five (5) years.

| Address              | City & State  | From      | To      |
|----------------------|---------------|-----------|---------|
| 2711 NORTHRIDGE DR.E | CLEARWATER FL | DEC. 1984 | PRESENT |
|                      |               |           |         |
|                      |               |           |         |
|                      |               |           |         |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood. N/A

| Address | City & State | From | To |
|---------|--------------|------|----|
|         |              |      |    |
|         |              |      |    |
|         |              |      |    |

5. Date of Birth: \_\_\_\_\_ Place of Birth: AHMEDABAD, INDIA

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: FL

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FLORIDA SENATE  
2025 JAN -7 PM 1:48  
VISION ST. ELECTORAL

9. Are you a United States citizen? Yes  No  If "No" explain:

If you are a naturalized citizen, date of naturalization: SEPT 10, 1991

10. Since what year have you been a continuous resident of Florida? 1974

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: PINELLAS

B. Current Party Affiliation: REPUBLICAN

12. Education

A. High School: ST. XAVIER'S HIGH SCHOOL, N'BAD, INDIA Year Graduated: 1960  
(Name and Location)

B. List all postsecondary educational institutions attended:

| Name & Location                    | Dates Attended         | Certificates/Degrees Received |
|------------------------------------|------------------------|-------------------------------|
| M.S. UNIV. OF BARODA, INDIA        | JUNE 1961 - MAY 1965   | B.S. in CIVIL ENGINEERING     |
| ST. XAVIER'S COLLEGE, N'BAD, INDIA | 1960 - 1961 (APRIL)    | N/A.                          |
| UNIV. OF OKLAHOMA, OK, U.S.        | JAN. 1967 - APRIL 1968 | M.S. CIVIL ENGINEERING        |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: \_\_\_\_\_

B. Branch or Component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| Date | Place | Nature | Disposition |
|------|-------|--------|-------------|
|      |       |        |             |
|      |       |        |             |
|      |       |        |             |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| Employer's Name & Address | Type of Business                | Occupation/Job Title | Period of Employment |
|---------------------------|---------------------------------|----------------------|----------------------|
| CUMBEY & FAIR, INC.       | ENGINEERING &<br>LAND SURVEYING | ENGR. / PRESIDENT    | 1974 - 2016          |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| Position | Employing Agency | Period of Employment |
|----------|------------------|----------------------|
|          |                  |                      |
|          |                  |                      |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

I HAVE SERVED ON THE BOARD SINCE JULY 2017 TO THE PRESENT TIME INCLUDING BEING THE VICE CHAIR IN 2023. I AM CURRENTLY A MEMBER OF THE MBA BOARD OF NCEES AND THE CHAIR OF THE SOUTHERN ZONE AWARD NOMINATION COMMITTEE. I AM HOPING BRING NEW IDEAS TO THE MBA BOARD AND CONTRIBUTE AT THE ZONE & ANNUAL MEETINGS, IN THE FUTURE

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

VICE CHAIR, FBPE YEAR 2023.  
PAST MEMBER & CURRENT CHAIR SOUTH ZONE "AWARDS  
NOMINATION COMMITTEE

D. Identify all association memberships and association offices held by you that relate to this appointment:

SEE ITEM "C" ABOVE

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| Office Title                                | Date of Election or Appointment | Term of Office | Level of Government |
|---|---------------------------------|----------------|---------------------|
| BOARD OF ADJUSTMENT & APPEALS (FLOOD BOARD) | 2006                            | 2006 - 2017    | CITY OF CLEARWATER  |
|   |                                 |                |                     |
|   |                                 |                |                     |

B. If your service was on an appointed board(s), committee(s), or council(s): CITY OF CLEARWATER

(1) How frequently were meetings scheduled: ONCE A MONTH

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u>                                |
|--------------------------|------------------------|--|
| <u>CITY → 120</u>        | <u>1</u>               | <u>OUT OF TOWN ON VACATION</u>                           |
| <u>FBPE 41</u>           | <u>4</u>               | <u>OUT ON VACATION - 3 TIMES</u><br><u>SICK - 1 TIME</u> |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|             |                            |                    |
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: MEMBER - BOARD OF PROFESSIONAL ENGINEERS

B. Term of Appointment: 1917 - 1920 1920 - 1924

C. Confirmation results: APPROVED

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u>   | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--|---------------------------------|
| <u>PROFESSIONAL ENGINEER # 21180</u>          | <u>OCT. 4, 1974</u>        | <u>FLA. STATE BOARD OF PROFESSIONAL ENGINEER &amp; LAND SURVEYORS.</u> | <u>NONE</u>                     |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No  N/A

B. Name of agency or entity you lobbied and the principal(s) you represented: N/A

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
|                       |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>         | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|---------------------|------------------------|-----------------|-------------------------------|
| 1. TIMOTHY E BOURNE |                        |                 |                               |
| 2. DUANE VAN ETTEN  |                        |                 |                               |
| 3. JOHN POSEY       |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>    | <u>Mailing Address</u> | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|----------------|------------------------|----------------------------------|------------------------------|
| NOT APPLICABLE |                        |                                  |                              |
|                |                        |                                  |                              |
|                |                        |                                  |                              |
|                |                        |                                  |                              |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

# Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: BOARD OF PROFESSIONAL ENGINEERS.

2. Current Employer and Occupation: NOT APPLICABLE and CIVIL ENGINEER

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \*Sex: Male  Female

6. \*Race: White  African-American

Hispanic-American  Asian/Pacific Islander

Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor. NO

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor. NO

PANKAJ J (P.J) SHAH P.E  
Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

CERTIFICATION

STATE OF FLORIDA

COUNTY OF PINELLAS

Before me, the undersigned Notary Public of Florida, personally appeared PANKAJ J SHAH, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

*PJ Shah*

Signature of Applicant-Affiant

Sworn to and subscribed before me this 3rd day of January, 2025.

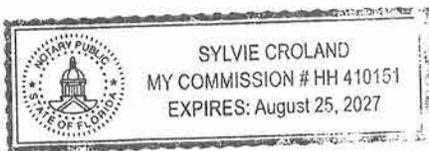
*Sylvie Croland*  
Signature of Notary Public-State of Florida

SYLVIE CROLAND  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 08/25/2027

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_



(seal)

RECEIVED  
HARRISBURG OF STA  
2025 JAN -7 PM 1:48  
DIVISION OF ELECTIONS

710

**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**Division of Elections**

I, Cord Byrd, Secretary of State,  
do hereby certify that

***Denise M. Ramsey***

is duly appointed a member of the

**Board of Professional Engineers**

for a term beginning on the Sixth day of December, A.D., 2024,  
until the Thirty-First day of October, A.D., 2027 and is subject  
to be confirmed by the Senate during the next regular session of  
the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Eighth day of January, A.D., 2025.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2" x 11" document.



**RON DeSANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC 19 PM 12:58  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

December 6, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 471.007 Florida Statutes:

Ms. Denise Ramsey  
1221 Challen Avenue  
Jacksonville, Florida 32205

as a member of the Board of Professional Engineers, subject to confirmation by the Senate. This appointment is effective December 6, 2024, for a term ending October 31, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/mp

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

RECEIVED  
DEPARTMENT OF STATE

2024 DEC 11 PM 12:55

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of DUVAL

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

FLORIDA BOARD OF PROFESSIONAL ENGINEERS

(Full Name of Office – Abbreviations Not Accepted)

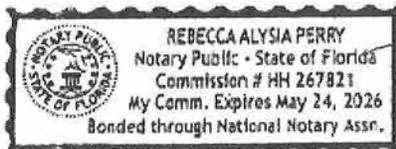
on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Denise M. Ramsey  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of X physical presence  
Or    online notarization this 10<sup>th</sup> day of December, 2024.



Rebecca Alysia Perry  
Signature of Officer Administering Oath or of Notary Public

Rebecca Alysia Perry  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

1221 Challen Avenue

Street or Post Office Box

Denise M. Ramsey

Print Name

Jacksonville, FL 32205

City, State, Zip Code

Denise M. Ramsey

Signature



RECEIVED

2024 DEC 20 AM 8:42

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

Florida Board of Governors  
State University System of  
Florida  
325 West Gaines Street, Suite 1614  
Tallahassee, FL 32399  
Phone 850.245.0466  
Fax: 850.245.9685

December 19, 2024

Ms. Ashley Ross  
8025 Oak Grove Plantation Road  
Tallahassee, FL 32312

Dear Ms. Ross:

On December 19, 2024, the Florida Board of Governors approved the recommendation made by its Nomination and Governance Committee to appoint you as a member of the University of West Florida Board of Trustees. Please accept our congratulations.

The appointment acknowledges your numerous career milestones. Your achievements are sure to provide expertise to the State University System of Florida and the University of West Florida as you serve in the capacity of a trustee. Your appointment is subject to confirmation by the Florida Senate and completion of trustee training conducted by the Board of Governors. Your term begins on January 7, 2025 and ends on January 6, 2030.

You will receive an Oath of Office form and a Senate Questionnaire from the Florida Department of State. Both forms must be completed and submitted in order for you to be considered for confirmation by the Florida Senate during the 2024 legislative session. Please submit these forms to the Board of Governors Office at 325 West Gaines Street, Suite 1614, Tallahassee, FL 32399, so that we can record them into our records and hand deliver to the Department of State.

You are also required to file a Statement of Financial Interests form with the Florida Commission on Ethics. This needs to be filed electronically through the Florida Commission on Ethics website. This form needs to be filed within 30 days of your appointment.

Thank you for your willingness to serve. We look forward to working with you as a member of the University of West Florida Board of Trustees.

Sincerely,

A handwritten signature in cursive script that reads "Ray Rodrigues".

Ray Rodrigues  
Chancellor

c: Brian Lamb, Chair, Board of Governors and Nomination and Governance Committee  
Suzanne Lewis, Chair, University of West Florida Board of Trustees  
Martha Saunders, President, University of West Florida  
Anna Lochas, Board of Trustees Liaison  
Shannon McDermott, Director, University Trustee Relations



RECEIVED  
Florida Board of Governors  
State University System of  
Florida  
325 West Gaines Street, Suite 1614  
Tallahassee, FL 32399  
Phone 850.245.0466  
Fax: 850.245.9685  
2024 DEC 20 AM 8:44  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

## MEMORANDUM

TO: Ms. Inez Williams

FROM: Shannon McDermott *SMcD*  
Director, University Trustee Relations and  
Assistant to the Chancellor

DATE: December 19, 2024

RE: Appointments to the University Boards of Trustees by the Board of  
Governors

---

This is to advise you that the Board of Governors made the following appointments to the University Boards of Trustees, on December 19, 2024.

### To the Florida Agricultural and Mechanical University Board of Trustees:

- Mr. Ernie Ellison was appointed for a term that begins on January 7, 2025 and ends on January 6, 2030.

### To the Florida Atlantic University Board of Trustees:

- Mr. Jon Harrison was appointed for a term that begins on January 7, 2025 and ends on January 6, 2030.
- Mr. Scott McCleneghan was appointed for a term that begins on December 19, 2024 and ends on January 6, 2030.

### To the Florida International Board of Trustees:

- Mr. Jesus Lebena was appointed for a term that begins January 7, 2025 and ends January 6, 2030.
- Mr. Alex Peraza was appointed for a term that begins January 7, 2025 and ends January 6, 2030.

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December 19, 2024  
Page 2 of 2

2024 DEC 20 AM 8:41

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

To the Florida Polytechnic University Board of Trustees:

- Ms. Beth Kigel was reappointed for a term that begins July 16, 2025 and ends July 15, 2030

To the New College of Florida Board of Trustees:

- Mr. Ron Chirstaldi was reappointed for a term that begins January 7, 2025 and ends January 6, 2030
- Dr. Sarah Mackie was reappointed for a term that begins January 7, 2025 and ends January 6, 2030

To the University of Central Florida Board of Trustees:

- Mr. Anthony "Tony" Massey was appointed for a term that begins January 7, 2025 and end January 6, 2030
- Mr. Thomas McNamara was appointed for a term that begins January 7, 2025 and end January 6, 2030
- Mr. Mark Filburn was appointed for a term that begins December 19, 2024 and end January 6, 2026

To the University of West Florida Board of Trustees:

- Ms. Rebecca Matthews was appointed for a term that begins January 7, 2025 and end January 6, 2030
- Ms. Ashley Ross was appointed for a term that begins January 7, 2025 and end January 6, 2030
- Ms. Rachel Moya was appointed for a term that begins December 19, 2024 and end January 6, 2028

Attached are copies of the appointment letters sent to the new appointees from Chancellor Ray Rodrigues.

Thank you for your assistance in processing these appointments for their Senate confirmation. Please call me if you need additional information.

Enclosures

12/15/6

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

12/10/2024  
Date Completed

1. Name: Ms Ramsey Denise Marie  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 111 Riverside Avenue, Jacksonville  
Street Office # City  
FL 32202  
Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 1221 Challen Avenue, Jacksonville, Duval  
Street City County  
FL 32205  
Post Office Box State Zip Code Area Code/Phone Number  
Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.  

| Address                                      | City & State           | From | To |
|--|------------------------|------|----|
| <u>1221 Challen Avenue, Jacksonville, FL</u> | <u>4/85 to present</u> |      |    |
|  |                        |      |    |
|  |                        |      |    |
|  |                        |      |    |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.  

| Address    | City & State | From |
|------------|--------------|------|
| <u>N/A</u> |              |      |
|            |              |      |
|            |              |      |
|            |              |      |

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OFFICE OF THE CLERK  
FLORIDA SENATE

5. Date of Birth: \_\_\_\_\_ Place of Birth: Findlay, Ohio

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain  
Denise M Fisher - name before marriage

9. Are you a United States citizen? Yes  No  If "No" explain:

N/A

If you are a naturalized citizen, date of naturalization: N/A

10. Since what year have you been a continuous resident of Florida? 1981

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Duval

B. Current Party Affiliation: Independent

12. Education

A. High School: Findlay High School, Findlay, OH

Year Graduated: 1979

(Name and Location)

B. List all postsecondary educational institutions attended:

Name & Location

Dates Attended

Certificates/Degrees Received

Findlay College (now Findlay Univ) 6/78-5/79; no degree

Ohio Northern University 9/79-11/81, no degree

University of South Florida, 1/82-4/84 Bachelor of Science in Mechanical Engineering

Jacksonville University, 8/94-12/95 Master of Business Administration

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: N/A

B. Branch or Component: N/A

C. Date & type of discharge: N/A

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

Date

Place

Nature

Disposition

N/A

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

Employer's Name & Address

Type of Business

Occupation/Job Title

Period of Employment

Haskell Architects & Engineers/The Haskell Company, Architects Engineers Contractors, VP Chief Engineer, 10/84 - present

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No

If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

Position

Employing Agency

Period of Employment

N/A

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

I have been a professional engineer licensed in Florida since 1989. I am also licensed in multiple other jurisdictions (45 total). I see many challenges in the industry that need to be addressed all while protecting the health and safety of the citizens of Florida being paramount.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

Bachelor of Science in Mechanical Engineering, Florida PE #42046 September 1989 plus 44 additional states

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

NE Florida Chapter of the Florida Engineering Society Award for Outstanding Service to the Profession (2019)  
Mayors Commission on the Status of Women STEM Honoree (2013)  
Jacksonville Business Journal Women of Influence (2008)

D. Identify all association memberships and association offices held by you that relate to this appointment:

ASHRAE, member since 1981  
DBIA, Certification board chair 2019, certification board member since 2017, member since 2009  
ACE Mentor Program of NE Florida, Affiliate Council, former chair and founder (2006)  
ACE Mentor Program of America, Board Member since 2018  
NCEES Exam Audit Committee 2024-2025  
Florida Engineering Society member since 1999

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

N/A

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| Office Title                             | Date of Election or Appointment | Term of Office | Level of Government |
|--|---------------------------------|----------------|---------------------|
| Florida Board of Professional Engineers, | June 8, 2021 -                  | 10/31/2023,    | state               |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: at least monthly for full board; committee meetings also

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u>   | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--|------------------------|---------------------------|
| 87 attended, 4 missed, 3 were out of country travel that was scheduled before I was appointed and one was out of country work travel that conflicted |                        |                           |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
| N/A         |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: N/A C. Reason for suspension: N/A

B. Date of suspension: N/A D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: Florida Board of Professional Engineers

B. Term of Appointment: June 8, 2021 - October 31, 2023

C. Confirmation results: Confirmed

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

N/A

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u>                                      | <u>Original Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|--|----------------------------|--------------------------|---------------------------------|
| PE 42046 issued 9/25, 1989, Florida Board of Professional Engineers, no discipline |                            |                          |                                 |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u>   | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|---|--------------------------------------|---|
| The Haskell Company, officer, shareholder, has held various contracts with both state and local governments that were awarded through a competitive selection process. I personally have not worked on any of these projects. |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
| N/A                     |  |   |   |
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
| N/A                   |                              |
|                       |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>            | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|------------------------|------------------------|-----------------|-------------------------------|
| Frank Mangin, Haskell, |                        |                 |                               |
| Matt Ford, Haskell,    |                        |                 |                               |
| Alan Wilson, *         |                        |                 |                               |
|                        |                        |                 |                               |
|                        |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>                       | <u>Mailing Address</u>                  | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u>                          |
|-----------------------------------|---|----------------------------------|---|
| ASHRAE,                           | 180 Technology Parkway NW,              | no office,                       | 1981 to current                                       |
| DBIA,                             | 1001 Pennsylvania Avenue NW, Suite 410, | Washington DC 20004,             | member since 2009 & certification board chair in 2019 |
| ACE Mentor Program of NE Florida, | 1100 Kings Road, #43364,                | Jacksonville, FL 32203,          | founder (2006) affiliate council since then           |
| ACE Mentor Program of America,    | 1501 Cherry Street,                     | Philadelphia, PA 19102,          | Board member since 2018                               |
| Florida Engineering Society,      | 125 S. Gadsden Street, #100,            | Tallahsee, FL 32301,             | member since 1999                                     |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

|     |
|-----|
| N/A |
|     |
|     |
|     |

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

CERTIFICATION

STATE OF FLORIDA

COUNTY OF DUNAL

Before me, the undersigned Notary Public of Florida, personally appeared Denise M. Ramsey, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Denise M. Ramsey  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 10<sup>th</sup> day of December, 2024

Rebecca Alysia Perry  
Signature of Notary Public-State of Florida

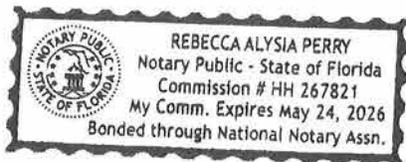
Rebecca Alysia Perry  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: May 24, 2026

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

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BY THE  
CLERK OF THE  
STATE  
2024 DEC 11 PM 12:55  
OFFICE OF THE CLERK OF THE STATE



(seal)

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) NIA

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

# Senate Confirmation Questionnaire

Please mail to: Room316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: Florida Board of Professional Engineers

2. Current Employer and Occupation: Haskell Architects & Engineers/The Haskell Company; Vice President & Chief Engineer

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

N/A

5. \*Sex: Male  Female

6. \*Race: White  African-American

Hispanic-American  Asian/Pacific Islander

Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor. NO

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

ACE MENTOR PROGRAM OF NE FLORIDA

DENISE M. RAMSEY

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

STATE OF FLORIDA  
DEPARTMENT OF STATE  
Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*John Charles Pistorino*

is duly appointed a member of the

**Board of Professional Engineers**

for a term beginning on the Sixth day of December, A.D., 2024,  
until the Thirty-First day of October, A.D. 2027 and is subject  
to be confirmed by the Senate during the next regular session of  
the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Twenty-Seventh day of December, A.D., 2024.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document.



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC 19 PM 12:58  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

December 6, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 471.007 Florida Statutes:

Mr. John Pistorino  
6535 Southwest 123<sup>rd</sup> Street  
Pinecrest, Florida 33156

as a member of the Board of Professional Engineers, subject to confirmation by the Senate. This appointment is effective December 6, 2024, for a term ending October 31, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/mp

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2024 DEC 27 AM 8:21  
TYPICAL OF NOTARIAL

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of Miami Dade

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Board Member - Florida Board of Professional Engineers

(Full Name of Office – Abbreviations Not Accepted)

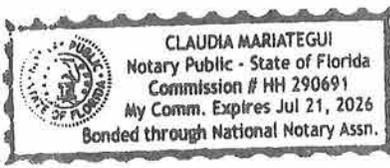
on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

[Signature]  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 10 day of December, 2024.



[Signature]  
Signature of Officer Administering Oath or of Notary Public

Claudia Mariategui  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

7171 SW 62nd Avenue, 4th Floor

John C. Pistorino

Street or Post Office Box

Print Name

Miami, FL 33143

[Signature]

City, State, Zip Code

Signature

128165

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

12/16/2024

Date Completed

1. Name: Mr. Pistorino John Charles  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 7171 SW 62nd Avenue 4th Floor Miami  
Street Office # City  
None Florida 33143  
Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 6535 SW 123 Street Pinecrest Miami-Dade  
Street City County  
None Florida 33156  
Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # (optional)

4. A. List all your places of residence for the last five (5) years.

Address City & State From To  
6535 SW 123 Street Pinecrest, Florida 33156 1985 Present

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

Address City & State From To  
None

5. Date of Birth: \_\_\_\_\_ Place of Birth: Washington, D.C.

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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LEGISLATIVE STAFF  
2024 DEC 27 AM 8:21  
VISITOR REGISTRATION

9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? 1943 \_\_\_\_\_

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Miami-Dade \_\_\_\_\_ B. Current Party Affiliation: Republican \_\_\_\_\_

12. Education

A. High School: Coral Gables High School, Coral Gables, Florida \_\_\_\_\_ Year Graduated: 1959 \_\_\_\_\_  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>        | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u> |
|-----------------------------------|-----------------------|--------------------------------------|
| United States Coast Guard Academy | 1959-1961             | None                                 |
| University of Florida             | 1961-1964             | Bachelor, Civil Engineering          |
| University of Miami               | 1967-1970             | Master of Science, Civil Engineering |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: 1959-1961 \_\_\_\_\_

B. Branch or Component: U.S. Coast Guard \_\_\_\_\_

C. Date & type of discharge: January 1961 - resigned \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u>   | <u>Type of Business</u> | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|--|-------------------------|-----------------------------|-----------------------------|
| Pistorino & Alam Consulting Engineers, Inc.<br>7171 SW 62nd Ave, 4th Floor, Miami, Florida 33143 | Consulting Engineers    | President                   | 1986-Present                |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u>     | <u>Employing Agency</u>   | <u>Period of Employment</u> |
|---------------------|---------------------------|-----------------------------|
| Professor - Faculty | Miami Dade College        | 1967-1993                   |
| Adjunct Professor   | FIUCollege of Engineering | 1981-1986                   |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

Practicing structural and civil engineer involved in the design and construction administration of highways, high-rise buildings, site drainage systems, consultant to many cities and municipalities, building departments, building code consultant and hurricane consultant to FEMA. Wrote 40yr Building Recertification requirement for Miami-Dade County in 1974. Chairman for Florida Threshold Special Inspector Law 1984.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

|   |                           |
|---|---------------------------|
| Bachelor of Civil Engineering, University of Florida      | Florida Building Official |
| Master of Science, Civil Engineering, University of Miami | Plans Review Inspector    |
| State of Florida Licensed Professional Engineer #11007    | Miami-Dade #1455          |
| Licensed Threshold Building Inspector #202 Florida        |                           |

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

Outstanding Technical Achievement Award - Florida Engineering Society (FES) - Miami Chapter - February 1999  
Florida's Engineer for Service to the Profession Award - FES - April 1991  
State of Florida's Engineer of the Year - FES - August 1984  
State of Florida's Young Engineer of the Year - FES - February 1972  
Florida Board of Professional Engineers - Florida Board Recognized Structural Engineer

D. Identify all association memberships and association offices held by you that relate to this appointment:

Florida Engineering Society Fellow - Miami Chapter President  
American Society of Civil Engineers  
National Society of Professional Engineers  
Florida Structural Engineers Association (FSEA) - President  
American Society for Testing Materials (ASTM) Committee F-13-Footwear and Traction voting member  
American Society of Engineers in Education - Chairman State of Florida  
State of Florida Building Construction Industry Advisory Committee- Engineer Member

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u>  | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|--|--|-----------------------|----------------------------|
| 1. Board Member, Miami Beach Design Review Board - 1986                |  | 1986-1993             | City                       |
| 2. Chairman, Miami-Dade County Environment Quality Control Board -1999 |  | 1990-2002             | County                     |
| 3. Board Member, Biscayne Bay Task Force - 2019                        |  | 2019-2020             | County                     |
| 4. Board Member, Florida Board of Professional Engineers               |  | 2021-2023             | State                      |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: Once a month

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
| 1. 64 (est.)             | 6 (est.)               | Work conflict             |
| 2. 120 (est.)            | 4 (est.)               | Work conflict             |
| 3. 12 (est.)             | None                   | N/A                       |
| 4. 36 (est.)             | 1                      | Illness                   |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: Board Member - Florida Board of Professional Engineers

B. Term of Appointment: 2021-2023

C. Confirmation results: Confirmed

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u>                           | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--|---------------------------------|
| PE FL 11007                                   | 1970                       | Florida Board of Professional Engineers            | None                            |
| Special Inspector, 202                        | 1985                       | Department of Business and Professional Regulation | None                            |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u>                     | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|---|--------------------------------------|---|
| Pistorino & Alam Consulting Engineers, Inc. | President                            | Consulting Engineer                     |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
| N/A                   |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>       | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|-------------------|------------------------|-----------------|-------------------------------|
| John Hall, P.E.   |                        |                 |                               |
| Tom Black, P.E.   |                        |                 |                               |
| Tahir Iqbal, P.E. |                        |                 |                               |
|                   |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>                         | <u>Mailing Address</u>                               | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|-------------------------------------|--|----------------------------------|------------------------------|
| Florida Engineering Society         | 125 S Gadsden St # 100, Tallahassee, FL 32301        | Fellow                           | 1970 - Present               |
| Knights of Columbus Miami Council   | 3601 S. Miami Ave., Miami, FL 33133                  | None                             | 1986 - Present               |
| American Society of Civil Engineers | 1801 Alexander Bell Drive, Reston, VA 20191          | Member                           | 1970 - Present               |
| American Concrete Institute         | 38800 Country Club Drive, Farmington Hills, MI 48331 |                                  | 1985 - Present               |
|                                     |  |                                  |                              |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

CERTIFICATION

STATE OF FLORIDA  
COUNTY OF Miami-Dade

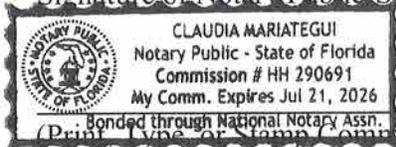
Before me, the undersigned Notary Public of Florida, personally appeared  
John C. Pistorino, P.E.,

who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

*John C. Pistorino*  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 16th day of December, 2024.

*Claudia Mariategui*  
Signature of Notary Public - State of Florida

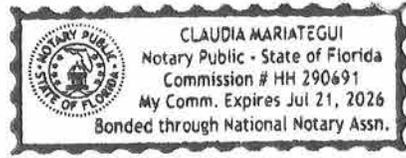


(Print Type or Stamp Commissioned Name of Notary Public)

My commission expires: July 21, 2026

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_



(seal)

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC 27 AM 8:21  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

## Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.

Please type or use blue ink.

1. Board of Interest: Florida Board of Professional Engineers

2. Current Employer and Occupation: Pistorino & Alam Consulting Engineers, Inc. - President

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor. None

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

Yes - Engineering education experiences

John C. Pistorino, P.E.

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*Sanjena V. Clay*

is duly appointed a member of the  
Board of Funeral,  
Cemetery,  
and Consumer Services

for a term beginning on the Tenth day of September, A.D.,  
2024, until the Thirtieth day of September, A.D., 2027 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Ninth day of December, A.D., 2024.



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document.



CHIEF FINANCIAL OFFICER  
JIMMY PATRONIS  
STATE OF FLORIDA

RECEIVED

2024 OCT 25 PM 3:15

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

September 10, 2024

Sanjena Clay  
1512 39<sup>th</sup> Street  
West Palm Beach, Florida 33407

Dear Ms. Clay:

Pursuant to 497.101, Florida Statutes, I am honored to nominate you for appointment to the Funeral, Cemetery, and Consumer Services Board as a consumer member. Subject to confirmation by the Florida Senate, your term is effective immediately and expires on September 30, 2027.

Your commitment to service is highly valued, and I am confident that your contributions will greatly benefit the Board. Additionally, Mary Schwantes, the Executive Director of the Funeral, Cemetery, and Consumer Services Board, will be in touch to discuss your role and responsibilities.

Please do not hesitate to contact me if I can be of assistance.

Sincerely,

A large, stylized handwritten signature in black ink that reads "Jimmy Patronis".

Jimmy Patronis  
Chief Financial Officer

/jw

c: Mary Schwantes

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

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DEPARTMENT OF STATE

2024 DEC -6 AM 8:21

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of Palm Beach

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Board of Funeral, Cemetery and Consumer Services

(Full Name of Office – Abbreviations Not Accepted)

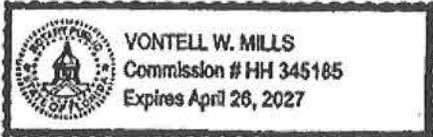
on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Sanjena V. Clay  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of physical presence  
Or online notarization this 2nd day of December, 2024.



Vontell W. Mills  
Signature of Officer Administering Oath or of Notary Public

Vontell W. Mills  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

1512 39th Street

Sanjena V. Clay

Street or Post Office Box

Print Name

West Palm Beach, FL 33407

Sanjena V. Clay  
Signature

City, State, Zip Code

128090

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate.

Please type or print in blue or black ink.

November 6, 2024

Date Completed

1. Name: Ms. Clay Sanjena V  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: N/A  
Street Office # City

Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 1512 39th Street West Palm Beach Palm Beach  
Street City County  
FL 33407

Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address          | City & State    | From | To      |
|------------------|-----------------|------|---------|
| 1512 39th Street | West Palm Beach | 2011 | present |
|                  |                 |      |         |
|                  |                 |      |         |
|                  |                 |      |         |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address | City & State | From | To |
|---------|--------------|------|----|
| N/A     |              |      |    |
|         |              |      |    |
|         |              |      |    |
|         |              |      |    |

5. Date of Birth: \_\_\_\_\_ Place of Birth: West Palm Beach

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: FL

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

Sanjena Clay Rogers  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2024 NOV 21 AM 8:12  
RECEIVED  
TALLAHASSEE, FL

RECEIVED

9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? 1957

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Palm Beach B. Current Party Affiliation: Democrat

12. Education

A. High School: Glades Central, Belle Glade, FL Year Graduated: 1975  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>      | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u> |
|---------------------------------|-----------------------|--------------------------------------|
| Malone College, Canton, OH      | 9/1975-6/1976         |                                      |
| Kent State University, Kent, OH | 9/1976-5/1979         | Bachelor of Arts                     |
| Lynn University, Boca Raton, FL | 9/1997-5/1999         | Master of Science                    |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: \_\_\_\_\_

B. Branch or Component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u> | <u>Type of Business</u> | <u>Occupation/Job Title</u>    | <u>Period of Employment</u> |
|--------------------------------------|-------------------------|--------------------------------|-----------------------------|
| Palm Beach County Sheriff's Office   | Public Safety           | Senior Law Enforcement Planner | 1985-2019                   |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u>                  | <u>Employing Agency</u>            | <u>Period of Employment</u> |
|----------------------------------|------------------------------------|-----------------------------|
| Senior Planner                   | Palm Beach County Sheriff's Office | 2018-2019                   |
| Human Resources Division Manager | Palm Beach County Sheriff's Office | 2009-2018                   |
| Section Manager                  | Palm Beach County Sheriff's Office | 2004-2009                   |



B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: N/A

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
|                          |                        |                           |
|                          |                        |                           |
|                          |                        |                           |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|             |                            |                    |
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: \_\_\_\_\_

B. Term of Appointment: \_\_\_\_\_

C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u>                 | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--|---------------------------------|
| 28543-C2013                                   | 2013                       | Office of the State Court Administrators | N/A                             |
| Notary Public                                 | 2022                       | State of Notary Public                   | N/A                             |
|   |                            |  |                                 |
|   |                            |  |                                 |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
| N/A                   |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>       | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|-------------------|------------------------|-----------------|-------------------------------|
| Connie Richardson |                        |                 |                               |
| Orville Lawton    |                        |                 |                               |
| Robert VanReeth   |                        |                 |                               |
| Deborah T. King   |                        |                 |                               |
| Reginald McGill   |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>                           | <u>Mailing Address</u> | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u>     |
|---------------------------------------|------------------------|----------------------------------|----------------------------------|
| Florida Board of Bar Examiners        | Tallahassee, FL        | Board Member                     | 2020-23; Current Emeritus Member |
| Edward Waters University              | Jacksonville, FL       | Board of Trustees                | 2018 - present                   |
| African Methodist Episcopal Church    | Washington, DC         | International 3rd VP             | 2019 - present                   |
| National Coalition of 100 Black Women | West Palm Beach, FL    | 1st VP                           | 2023 - present                   |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

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30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

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CERTIFICATION

2024 NOV 21 AM 8:12

STATE OF FLORIDA  
COUNTY OF PALM BEACH

REGISTERED TELEVISIONS  
TALLAHASSEE, FL

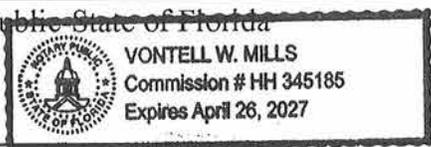
Before me, the undersigned Notary Public of Florida, personally appeared  
SANSENA V. CLAY,  
who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read  
the answers to the foregoing questions; (2) that the information contained in said answers is  
complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the  
United States and of the State of Florida.

*Sansen V. Clay*  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 6th day of OCTOBER, 2024

*[Signature]*  
Signature of Notary Public State of Florida

Vontell W. Mills



(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: \_\_\_\_\_

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_



(seal)

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

## Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.

**Please type or use blue ink.**

1. Board of Interest: Board of Funeral, Cremation and Consumer Services

2. Current Employer and Occupation: N/A

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

---

---

---

5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

Sanjena V. Gray

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*William Quinn*

is duly appointed a member of the  
**Board of Funeral,  
Cemetery,  
and Consumer Services**

for a term beginning on the Tenth day of September, A.D.,  
2024, until the Thirtieth day of September, A.D., 2025 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Seventeenth day of December, A.D., 2024.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document.



CHIEF FINANCIAL OFFICER  
JIMMY PATRONIS  
STATE OF FLORIDA

RECEIVED

2024 OCT 25 PM 3:16

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

September 10, 2024

Mr. William Quinn  
596 Scrubjay Drive  
Jupiter, Florida 33458

Dear Mr. Quinn:

Pursuant to 497.101, Florida Statutes, I am honored to nominate you for appointment to the Funeral, Cemetery, and Consumer Services Board as a licensed funeral director who owns or operates a cinerator facility. Subject to confirmation by the Florida Senate, you will be filling a mid-term vacancy, and your term is effective immediately and expires on September 30, 2025.

Your commitment to service is highly valued, and I am confident that your contributions will greatly benefit the Board. Additionally, Mary Schwantes, the Executive Director of the Funeral, Cemetery, and Consumer Services Board, will be in touch to discuss your role and responsibilities.

Please do not hesitate to contact me if I can be of assistance.

Sincerely,

A handwritten signature in cursive script that reads "Jimmy Patronis".

Jimmy Patronis  
Chief Financial Officer

/jw

c: Mary Schwantes

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

RECEIVED  
DEPARTMENT OF STATE  
2024 DEC -9 PM 12:18  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of Palm Beach

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

The Board of Funeral, Cemetery, and Consumer Services

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

[Signature]  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of X physical presence  
Or    online notarization this 6 day of December, 2024.



[Signature]  
Signature of Officer Administering Oath or of Notary Public  
Janise L. Mendes  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

596 Scrubjay Dr.

Street or Post Office Box

JUPITER, FL 33458

City, State, Zip Code

William Quinn

Print Name

[Signature]  
Signature

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

11/08/2024

Date Completed

1. Name: Mr. Quinn William E  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 1112 Military Trail Jupiter  
Street Office # City  
Florida 33458  
Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 596 Scrubjay Dr., Jupiter Palm Beach  
Street City County  
Florida 33458  
Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address           | City & State | From | To      |
|-------------------|--------------|------|---------|
| 596 Scrubjay Dr., | Jupiter, FL  | 2000 | Present |
|                   |              |      |         |
|                   |              |      |         |
|                   |              |      |         |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address        | City & State  | From | To   |
|----------------|---------------|------|------|
| 35 Frazer Dr., | Greenlawn, NY | 1995 | 2000 |
| 1 Bayview Ct., | Manhasset, NY | 1988 | 1995 |
|                |               |      |      |
|                |               |      |      |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Flushing, NY

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

William Edward Quinn, II  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
NOV 15 AM 11 15  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? 2000

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Palm Beach B. Current Party Affiliation: Republican

12. Education

A. High School: St Marys High School-Manhasset, NY Year Graduated: 1980  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>                                       | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u> |
|--|-----------------------|--------------------------------------|
| <u>Nassau Community College</u>                                  | <u>1980-1982</u>      | <u>None</u>                          |
| <u>American Academy McAllister Institute of Funeral Service-</u> | <u>1984-1985</u>      | <u>Diploma</u>                       |
| <u>American Academy McAllister Institute of Funeral Service-</u> | <u>2009-2009</u>      | <u>A.O.S. Degree</u>                 |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: \_\_\_\_\_

B. Branch or Component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u>         | <u>Type of Business</u> | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|--|-------------------------|-----------------------------|-----------------------------|
| <u>SCI Funeral Services of Florida, LLC-</u> | <u>Deathcare</u>        | <u>Funeral Director</u>     | <u>2000-Present</u>         |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u> | <u>Period of Employment</u> |
|-----------------|-------------------------|-----------------------------|
| _____           | _____                   | _____                       |
| _____           | _____                   | _____                       |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

As a 4th generation funeral director and embalmer, I have a deep-rooted understanding of the funeral profession and its evolving landscape.  
My dual licensure in Florida and New York provides a comprehensive understanding of diverse funeral practices and regulations.  
With over 40 years of experience overseeing funeral homes, cemeteries and crematories, I have honed my skills in operations, management and compliance.  
I am adept at addressing complex challenges, ensuring seamless operations and maintaining the highest standards of service  
My involvement in the FCCFA, our State Funeral director association, allows me to stay informed of industry trends and advocate for consumer protections  
My participation in Leadership Palm Beach County and volunteer work with Trustbridge Hospice demonstrates my commitment to community service

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

I am a licensed Funeral Director and Embalmer in Florida  
I am a licensed Funeral Director and Embalmer in New York  
I am a Certified Funeral Service Professional- Academy of Professional Funeral Service Practice

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No   
If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Identify all association memberships and association offices held by you that relate to this appointment:

Member in the FCCFA (Florida Cemetery, Cremation and Funeral Association)  
Member of the Academy of Professional Funeral Service Practice

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government?  
Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u> | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|---------------------|--|-----------------------|----------------------------|
| _____               | _____                                  | _____                 | _____                      |
| _____               | _____                                  | _____                 | _____                      |
| _____               | _____                                  | _____                 | _____                      |
| _____               | _____                                  | _____                 | _____                      |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: \_\_\_\_\_

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
| _____                    | _____                  | _____                     |
| _____                    | _____                  | _____                     |
| _____                    | _____                  | _____                     |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
| _____       | _____                      | _____              |
| _____       | _____                      | _____              |
| _____       | _____                      | _____              |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_  
B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: \_\_\_\_\_  
B. Term of Appointment: \_\_\_\_\_  
C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_  
\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--------------------------|---------------------------------|
| F786280- Funeral Director and Embalmer-       | 2024                       | State of Florida         | None                            |
| _____   | _____                      | _____                    | _____                           |
| _____   | _____                      | _____                    | _____                           |
| _____   | _____                      | _____                    | _____                           |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
| _____                   | _____                                | _____                                   |
| _____                   | _____                                | _____                                   |
| _____                   | _____                                | _____                                   |
| _____                   | _____                                | _____                                   |

received 12/9/24  
with oath

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
|                       |                              |
|                       |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>      | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|------------------|------------------------|-----------------|-------------------------------|
| Clark Smith-     |                        |                 |                               |
| Wendy R. Wiener- |                        |                 |                               |
| N. Lee Longino-  |                        |                 |                               |
|                  |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>                      | <u>Mailing Address</u>                                 | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|----------------------------------|--|----------------------------------|------------------------------|
| Trustbridge Hospice-             | 5300 East Ave., West Palm Beach, FL 33407              | -Chairman/Current                | 2020-current                 |
| Empath Health-                   | 5771 Roosevelt Blvd., Clearwater, FL 33760             | - Board Member-                  | 2024-2027                    |
| Trustbridge Foundation-          | 5300 East Ave., West Palm Beach, FL 33407              | Chairman -                       | 2015-2019; 2010-2020         |
| Leadership Palm Beach County-    | 2751 S. Dixie Hwy, Suite 1A, West Palm Beach, FL 33405 | - Graduate Class                 | 2009                         |
| Forum Club of the Palm Beaches - | PO Box 14877, North Palm Beach, FL 33408-              | Member -                         | 2017-Present                 |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

**CERTIFICATION**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Palm Beach

Before me, the undersigned Notary Public of Florida, personally appeared

William E. Quinn

who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

W Quinn

Signature of Applicant-Affiant

Sworn to and subscribed before me this 13 day of November, 2024.

Jamie L. Mendes  
Signature of Notary Public-State of Florida

JAMIE L. MENDES  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: September 26, 2025

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
2024 NOV 15 AM 11:15  
DIVISION OF ELECTIONS  
1111 S. GULF BLVD. SUITE 111  
TALLAHASSEE, FL 32399



## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

# Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: Board of Funeral Cemetery and Consumer Services

2. Current Employer and Occupation: SCI Funeral Services of Florida, LLC. Funeral Director/Embalmer

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \*Sex: Male  Female

6. \*Race: White  African-American

Hispanic-American  Asian/Pacific Islander

Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

William E. Quinn II

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

870

STATE OF FLORIDA  
DEPARTMENT OF STATE  
Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*Christian E. Jensen, Jr.*

is duly appointed a member of the  
**Board of Funeral,  
Cemetery,  
and Consumer Services**

for a term beginning on the Tenth day of September, A.D.,  
2024, until the Thirtieth day of September, A.D., 2027 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Twenty-Second day of November, A.D., 2024.*



Handwritten signature of Cord Byrd in black ink.

Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document.



CHIEF FINANCIAL OFFICER  
JIMMY PATRONIS  
STATE OF FLORIDA

RECEIVED

2024 OCT 25 PM 3:16

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

September 10, 2024

Mr. Christian Jensen  
5627 North Davis Highway  
Pensacola, Florida 32503

Dear Mr. Jensen:

Pursuant to 497.101, Florida Statutes, I am honored to nominate you for appointment to the Funeral, Cemetery, and Consumer Services Board as a licensed funeral director. Subject to confirmation by the Florida Senate, your term is effective immediately and expires on September 30, 2027.

Your commitment to service is highly valued, and I am confident that your contributions will greatly benefit the Board. Additionally, Mary Schwantes, the Executive Director of the Funeral, Cemetery, and Consumer Services Board, will be in touch to discuss your role and responsibilities.

Please do not hesitate to contact me if I can be of assistance.

Sincerely,

Jimmy Patronis  
Chief Financial Officer

/jw  
c: Mary Schwantes

RECEIVED

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

2024 NOV 15 AM 8:04

STATE OF FLORIDA  
TALLAHASSEE, FL

STATE OF FLORIDA

County of ESCAMBIA

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

BOARD OF FUNERAL, CEMETERY AND CONSUMER SERVICES

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

[Signature]  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 11<sup>th</sup> day of November, 2024.



JANICE A. MCNAIR  
Commission # HH 149887  
Expires November 6, 2025  
Bonded Thru Budget Notary Services

Janice A. McNair  
Signature of Officer Administering Oath or of Notary Public

Janice A. McNair  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

P.O. Box 11986

Street or Post Office Box

PENSACOLA, FL. 32524

City, State, Zip Code

CHRISTIAN E. JENSEN JR.

Print Name

[Signature]  
Signature

123019

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

6/8/2021

Date Completed

1. Name: Mr. Jensen Jr. Christian Edward  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 5627 N. Davis Hwy. Pensacola  
Street Office # City  
Florida 32503  
Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 9 W. Galvez Ct. Pensacola Beach Escambia  
Street City County  
11986 Fl. 32561/32524  
Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address             | City & State         | From   | To      |
|---------------------|----------------------|--------|---------|
| 9 W. Galvez Ct.     | Pensacola Beach, Fl. | 3/2020 | Present |
| 5316 Woodlake Trace | Gulf Breeze, Fl.     | 5/2014 | 3/2020  |
|                     |                      |        |         |
|                     |                      |        |         |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address     | City & State | From | To   |
|-------------|--------------|------|------|
| Norman, Ok. | Norman, Ok.  | 1987 | 1989 |
|             |              |      |      |
|             |              |      |      |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Pensacola, Fl.

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Fl.

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2021 JUN 15 AM 8:04  
TALLAHASSEE, FL

RECEIVED

9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? 1989

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Escambia B. Current Party Affiliation: Ind.

12. Education

A. High School: Escambia High, Pensacola, Fl. Year Graduated: 1983  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>               | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u> |
|--|-----------------------|--------------------------------------|
| Pensacola Junior College, Pensacola, Fl. | 8/1983-5/1985         | Associate- General                   |
| Florida State Univ., Tallahassee         | 8/1985-8/1987         | Minor- Transfer                      |
| Oklahoma Univ., Norman, Ok.              | 8/1987-5/1989         | Bachelor-Economics                   |
| Fayetteville Tech, Fayetteville, NC.     | 1/2015-5/2018         | Associate- Mortuary Science          |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: \_\_\_\_\_

B. Branch or Component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u> | <u>Type of Business</u> | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|--------------------------------------|-------------------------|-----------------------------|-----------------------------|
| C.E.J. South Inc.                    | Funeral                 | Owner/ Funeral Director     | 8/1/2003-Present            |
| _____                                | _____                   | _____                       | _____                       |
| _____                                | _____                   | _____                       | _____                       |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No  If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u> | <u>Period of Employment</u> |
|-----------------|-------------------------|-----------------------------|
| _____           | _____                   | _____                       |
| _____           | _____                   | _____                       |
| _____           | _____                   | _____                       |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

28 Years Funeral Home Management in Florida  
Licensed Florida Funeral Director and Embalmer  
Current owner/ operator of 3 Florida Funeral Homes and 2 Crematories  
Well versed in all aspects of Florida Funeral Rules and Laws

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

Mortuary Science Degree  
Economics Degree

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

Numerous Performance Awards

D. Identify all association memberships and association offices held by you that relate to this appointment:

NWFL Area Agency on Aging

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| Office Title | Date of Election or Appointment | Term of Office | Level of Government                              |
|--------------|---------------------------------|----------------|--|
| BOARD MEMBER | 2021                            | 4 YRS.         | BOARD OF FUNERAL, CEMETERIES & CONSUMER SERVICES |
|              |                                 |                |  |
|              |                                 |                |  |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: MONTHLY

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
| <u>ALL</u>               | <u>N/A</u>             |                           |
|                          |                        |                           |
|                          |                        |                           |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|             |                            |                    |
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_  
B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: \_\_\_\_\_  
B. Term of Appointment: \_\_\_\_\_  
C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u>  | <u>Original Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|--|----------------------------|--------------------------|---------------------------------|
| <u>Fl. Licensed Funeral Director/ Embalmer</u> | <u>State of Florida</u>    | <u>N/A</u>               |                                 |
| <u>F027166</u>                                 |                            |                          |                                 |
|  |                            |                          |                                 |
|  |                            |                          |                                 |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
| _____                   | _____                                      | _____   | _____                                   |
| _____                   | _____                                      | _____   | _____                                   |
| _____                   | _____                                      | _____   | _____                                   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
| _____                 | _____                        |
| _____                 | _____                        |
| _____                 | _____                        |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>     | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|-----------------|------------------------|-----------------|-------------------------------|
| Mike McVay      | _____                  | _____           | _____                         |
| Robert Ferguson | _____                  | _____           | _____                         |
| Jeff Parker     | _____                  | _____           | _____                         |
| _____           | _____                  | _____           | _____                         |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u> | <u>Mailing Address</u> | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|-------------|------------------------|----------------------------------|------------------------------|
| Rotary      | _____                  | Member                           | _____                        |
| _____       | _____                  | _____                            | _____                        |
| _____       | _____                  | _____                            | _____                        |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

RECEIVED

CERTIFICATION

2024 NOV 15 AM 8:04

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

VISION COLLECTIONS  
TALLAHASSEE, FL

Before me, the undersigned Notary Public of Florida, personally appeared CHRISTIAN E. JENSEN JR., who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

C.E.J.  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 11<sup>th</sup> day of November, 2024.

Janice A. McNair  
Signature of Notary Public-State of Florida

Janice A. McNair  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 11/6/2025

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_



JANICE A. MCNAIR  
Commission # HH 149887  
Expires November 6, 2025  
Bonded Thru Budget Notary Services

(seal)

NA

**MEMORANDUM**

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

# Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
**Please type or use blue ink.**

1. Board of Interest: Board of Funeral, Cemetery and Consumer Services

2. Current Employer and Occupation: C.E.J. South Inc. / Owner

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

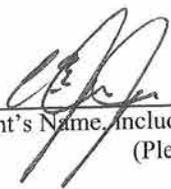
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

  
\_\_\_\_\_  
Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

**STATE OF FLORIDA  
DEPARTMENT OF STATE  
Division of Elections**

I, Cord Byrd, Secretary of State,  
do hereby certify that

*Andrew Clark*

is duly appointed a member of the  
**Board of Funeral,  
Cemetery,  
and Consumer Services**

for a term beginning on the Tenth day of September, A.D.,  
2024, until the Thirtieth day of September, A.D., 2027 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Twenty-Seventh day of December, A.D., 2024.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document.



CHIEF FINANCIAL OFFICER  
**JIMMY PATRONIS**  
STATE OF FLORIDA

RECEIVED

2024 OCT 25 PM 3:15

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

September 10, 2024

Mr. Andrew Clark  
915 Southeast 69<sup>th</sup> Avenue  
Ocala, Florida 34470

Dear Mr. Clark:

Pursuant to 497.101, Florida Statutes, I am honored to nominate you for appointment to the Funeral, Cemetery, and Consumer Services Board as a licensed cemetery company. Subject to confirmation by the Florida Senate, your term is effective immediately and expires on September 30, 2027.

Your commitment to service is highly valued, and I am confident that your contributions will greatly benefit the Board. Additionally, Mary Schwantes, the Executive Director of the Funeral, Cemetery, and Consumer Services Board, will be in touch to discuss your role and responsibilities.

Please do not hesitate to contact me if I can be of assistance.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read "Jimmy Patronis".

Jimmy Patronis  
Chief Financial Officer

/jw

c: Mary Schwantes

RECEIVED

2024 DEC 18 AM 10:29

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of Marion

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Board of Funeral, Cemetery, and Consumer Services

(Full Name of Office – Abbreviations Not Accepted)

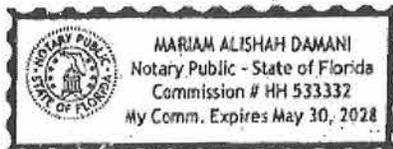
on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

[Signature]  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 13<sup>th</sup> day of December, 2024.



[Signature]  
Signature of Officer Administering Oath or of Notary Public  
Mariam A Damani, Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced Florida DL

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

915 SE 69th Ave.

Andrew Clark

Street or Post Office Box

Print Name

Ocala, Florida 34472

[Signature]

City, State, Zip Code

Signature

128127

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

Nov. 8, 2024

Date Completed

1. Name: Mr. Clark Andrew David  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 910 SE Silver Springs Blvd. Ocala  
Street Office # City  
Florida 34470

Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 915 SE 69th Ave Ocala Marion  
Street City County  
Florida 34472

Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address         | City & State   | From   | To      |
|-----------------|----------------|--------|---------|
| 915 SE 69th Ave | Ocala, Florida | 7/2012 | Present |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address | City & State | From | To |
|---------|--------------|------|----|
| N/A     |              |      |    |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Gainesville, Florida

6. Social Security Number: \_\_\_\_\_

7. Driver License Numbe.: \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain  
N/A

2024 NOV 26 AM 8:32  
TALLAHASSEE, FL  
RECEIVED

9. Are you a United States citizen? Yes  No  If "No" explain:

N/A

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? Lifetime; 1983

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Marion

B. Current Party Affiliation: Republican

12. Education

A. High School: Forest High School - Ocala, FL  
(Name and Location)

Year Graduated: 2001

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>                          | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u>     |
|---|-----------------------|--|
| <u>University of Central Florida; Orlando, FL</u>   | <u>2001-2003</u>      |  |
| <u>Central Florida Community College; Ocala, FL</u> | <u>2003-2004</u>      |  |
| <u>St. Petersburg College; St. Petersburg, FL</u>   | <u>2005-2006</u>      | <u>Associate Science Funeral Service</u> |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: N/A

B. Branch or Component: N/A

C. Date & type of discharge: N/A

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| <u>None</u> |              |               |                    |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u>  | <u>Type of Business</u> | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|---|-------------------------|-----------------------------|-----------------------------|
| <u>Hiers-Baxley Funeral Services and Highland Memorial Park - Funeral Service</u>   |                         |                             | <u>2004-Present</u>         |
| <u>Roles and Responsibilities - Funeral Service Associate, Embalmer Apprentice, Licensed Funeral Director and Embalmer, Certified Crematory Operator, and Director of Operations for Funeral Homes, Crematory, and Cemetery</u> |                         |                             |                             |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No  If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u> | <u>Period of Employment</u> |
|-----------------|-------------------------|-----------------------------|
| <u>None</u>     |                         |                             |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

After experiencing the loss of several family members, I became aware of the roles and responsibilities of licensed funeral and cemetery service professionals. In a previous employment position with a local hospital and working in an emergency room. I became familiar with the immediate needs of a family that has experienced the loss of a loved one. As a leader in my local church, I have been involved with a bereavement group that gave support to families after the death of a family member. Separate from my career in funeral service, being a father, son, and community volunteer, I am interested in the important future of the funeral and cemetery industry in my community, state, and nation.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

High School Diploma  
Associate Service Degree - Funeral Service  
Licensed Funeral Director and Embalmer  
Certified Crematory Operator

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

Graduated with High Honors from Forest High School  
Graduated Cum Laude from St. Petersburg College with an Associate Science Degree in Funeral Service  
Presenter and Featured Speaker for Health Occupations Students of America

D. Identify all association memberships and association offices held by you that relate to this appointment:

Memberships - International Cemetery, Cremation, and Funeral Association, Independent Funeral Directors of Florida, National Funeral Directors Association, Cremation Association of North America, and Marion County YMCA; Associations - Church Elder at Cross Pointe Church in Ocala, FL, Small Group Bible Study Leader, Youth Sunday School Leader, and Youth Basketball Coach; Marion County YMCA Board of Directors (Chairman of the Board of Directors in 2012)

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

N/A

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| Office Title | Date of Election or Appointment | Term of Office | Level of Government                               |
|--------------|---------------------------------|----------------|---|
| Board Member | September 2011                  | 4 yrs          | Board of Funeral, Cemetery and Consumer Services  |
| Board Member | September 2015                  | 4 yrs          | Board of Funeral, Cemetery, and Consumer Services |
| Board Member | September 2019                  | 4 yrs          | Board of Funeral, Cemetery, and Consumer Services |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: Monthly

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
|                          |                        |                           |
|                          |                        |                           |
|                          |                        |                           |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|             |                            |                    |
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: None C. Reason for suspension: None  
B. Date of suspension: None D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: Board of Funeral, Cemetery, and Consumer Services  
B. Term of Appointment: 4 years  
C. Confirmation results: Confirmed

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

None

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u>   | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|--|--------------------------|---------------------------------|
| <u>F045336 - 10/12/2007</u>                   | <u>Florida Department of Financial Services - Division of Funeral, Cemetery, and Consumer Services</u> |                          |                                 |
|   |  |                          |                                 |
|   |  |                          |                                 |
|   |  |                          |                                 |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
| <u>None</u>             |                                      |   |
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
| None                    |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
| None                  |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>   | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|---------------|------------------------|-----------------|-------------------------------|
| Mickey Graves |                        |                 |                               |
| Ben Marciano  |                        |                 |                               |
| Dennis Baxley |                        |                 |                               |
|               |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>  | <u>Mailing Address</u>                             | <u>Office(s) Held &amp; Term</u>                           | <u>Date(s) of Membership</u> |
|--|--|--|------------------------------|
| International Cemebery, Cremation, and Funeral Asscoiate | - 107 Carpenter Dr. Suite 100 - Sterling, VA 20164 | - Member   | - 2007 - Present             |
| Independent Funeral Directors of Florida                 | - PO Box 10969, Tallahassee, FL 32302              | - Member   | - 2007 - Present             |
| National Funeral Directors Association                   | - 13625 Bishops's Drive Brookfield, WI 53005       | - Member   | - 2012 - Present             |
| Cross Pointe Church                                      | - 3300 SW 34th Ave # 140 Ocala, Florida 34474      | - Church Elder   | - 2007 - Present             |
| Marion County YMCA                                       | - 3200 SE 17th Street Ocala, FL 34471              | - Member, Executive Board Chairman, and Board of Directors | - 2008 - 2016                |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

I fully understand the responsibility of being reappointed to this position. I am fully prepared to dedicate the time necessary to serve this board and state in the capacity assigned.

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

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2024 NOV 26 AM 8:32  
TALLAHASSEE, FL

### CERTIFICATION

STATE OF FLORIDA  
COUNTY OF Manoir

Before me, the undersigned Notary Public of Florida, personally appeared Andrew Clark, who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

[Handwritten Signature]  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 22nd day of November, 2024

See attached  
Signature of Notary Public-State of Florida

See attached  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: See attached

Personally Known  OR Produced Identification

Type of Identification Produced FBI

(seal)

# Jurat Certificate

State of Florida

County of Marion

Sworn to (or affirmed) and subscribed before me this 22nd day of Novemeber, 20 24, by means of  physical presence or  online notarization ANDREW D CLARK (name of person making statement).

Personally known to me \_\_\_\_\_

Produced Identification \_\_\_\_\_

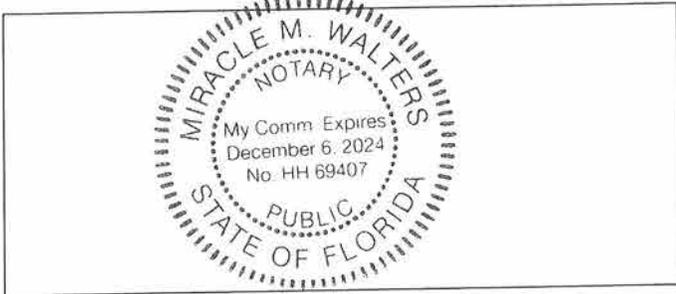
Type of Identification Produced FI DI

Notary Signature *Miracle M. Walters*

Title Notary

My appointment expires 12/06/2024

Place Seal Here



## Description of Attached document

Type or Title of Document \_\_\_\_\_

Document Date \_\_\_\_\_ Number of Pages \_\_\_\_\_

Signer(s) Other Than Named Above \_\_\_\_\_

## Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.

Please type or use blue ink.

1. Board of Interest: Funeral, Cemetery, and Consumer Services

2. Current Employer and Occupation: Hiers-Baxley Funeral Services and Highland Memorial Park, Operations Manager/Licensed Funeral Director and Embalmer

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

None

5. \*Sex: Male  Female

6. \*Race: White  African-American

Hispanic-American  Asian/Pacific Islander

Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor. No

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

Andrew Clark

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*David H. Chapman*

is duly appointed a member of the  
Board of Funeral,  
Cemetery,  
and Consumer Services

for a term beginning on the Tenth day of September, A.D.,  
2024, until the Thirtieth day of September, A.D., 2027 and is  
subject to be confirmed by the Senate during the next regular  
session of the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Ninth day of December, A.D., 2024.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document.



CHIEF FINANCIAL OFFICER  
JIMMY PATRONIS  
STATE OF FLORIDA

RECEIVED

2024 OCT 25 PM 3:16

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

September 10, 2024

Mr. David Chapman  
144 Country Club Drive West  
Destin, Florida 32541

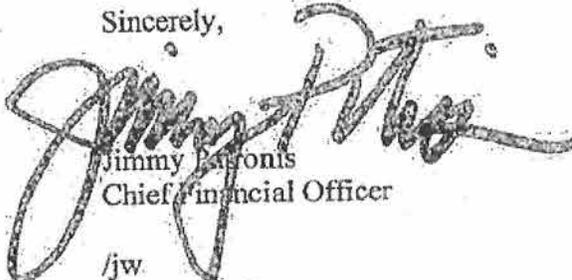
Dear Mr. Chapman:

Pursuant to 497.101, Florida Statutes, I am honored to nominate you for appointment to the Funeral, Cemetery, and Consumer Services Board as a licensed principal of a monument establishment. Subject to confirmation by the Florida Senate, your term is effective immediately and expires on September 30, 2027.

Your commitment to service is highly valued, and I am confident that your contributions will greatly benefit the Board. Additionally, Mary Schwantes, the Executive Director of the Funeral, Cemetery, and Consumer Services Board, will be in touch to discuss your role and responsibilities.

Please do not hesitate to contact me if I can be of assistance.

Sincerely,



Jimmy Patronis  
Chief Financial Officer

/jw

c: Mary Schwantes



# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

11/13/2024

Date Completed

1. Name: Mr. Chapman David Hugh  
Mr. Mrs./Ms. Last First Middle/Maiden

2. Business Address: 100 Martin Street Crestview  
Street Office # City  
FL 32536

Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 144 Country Club Drive Destin Okaloosa  
Street City County  
FL 32541

Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address                | City & State | From | To      |
|------------------------|--------------|------|---------|
| 144 Country Club Drive | Destin, FL   | 2003 | Present |
|                        |              |      |         |
|                        |              |      |         |
|                        |              |      |         |
|                        |              |      |         |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address | City & State | From | To |
|---------|--------------|------|----|
| NA      |              |      |    |
|         |              |      |    |
|         |              |      |    |
|         |              |      |    |

5. Date of Birth: \_\_\_\_\_ Place of Birth: NAS Jacksonville

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECEIVED  
2024 NOV 18 AM 8:50  
TALLAHASSEE, FL

9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? 1979

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Okaloosa B. Current Party Affiliation: Republican

12. Education

A. High School: Pinckneyville High School, Pinckneyville, IL Year Graduated: 1974  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u> | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u> |
|----------------------------|-----------------------|--------------------------------------|
| <u>Ole Miss</u>            | <u>1974-1978</u>      | <u>BA of Science</u>                 |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: \_\_\_\_\_

B. Branch or Component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u>                             | <u>Type of Business</u>    | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|--|----------------------------|-----------------------------|-----------------------------|
| <u>Gulf Coast Wilbert 100 Martin Street, Crestview, FL 32536</u> | <u>Death Care Industry</u> | <u>Owner</u>                | <u>2001-Present</u>         |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No  If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u> | <u>Period of Employment</u> |
|-----------------|-------------------------|-----------------------------|
| _____           | _____                   | _____                       |
| _____           | _____                   | _____                       |
| _____           | _____                   | _____                       |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

Have been in the monumetrn business since 2001.

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B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

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C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

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D. Identify all association memberships and association offices held by you that relate to this appointment:

IFDF, NCBBA, FMBA

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18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

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19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u> | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|---------------------|--|-----------------------|----------------------------|
|                     |  |                       |                            |
|                     |  |                       |                            |
|                     |  |                       |                            |
|                     |  |                       |                            |
|                     |  |                       |                            |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: \_\_\_\_\_

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
|--------------------------|------------------------|---------------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|-------------|----------------------------|--------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: \_\_\_\_\_

B. Term of Appointment: \_\_\_\_\_

C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate</u> | <u>Original</u>   | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|----------------------------|-------------------|--------------------------|---------------------------------|
| <u>Title &amp; Number</u>  | <u>Issue Date</u> |                          |                                 |

|                                    |            |         |  |
|------------------------------------|------------|---------|--|
| Monument Establishment Sales Agent | 12/19/2007 | F049299 | State of FL Dept of Financial Services |
|------------------------------------|------------|---------|--|

|                     |           |         |  |
|---------------------|-----------|---------|--|
| Preneed Sales Agent | 5/22/2018 | F049299 | State of FL Dept of Financial Services |
|---------------------|-----------|---------|--|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
|-------------------------|--------------------------------------|---|

|                           |       |   |
|---------------------------|-------|---|
| Gulf Coast of Wilbert Inc | Owner | City of Fort Walton Beach (Burial Services for City Cemeteries) |
|---------------------------|-------|---|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u>                         |
|-------------------------|--|---|---|
| Gulf Coast Wilbert Inc  | Spouse                                     | Owner   | City of Fort Walton Beach (Burial Services for City Cemeteries) |
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
|                       |                              |
|                       |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>    | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|----------------|------------------------|-----------------|-------------------------------|
| Don Collins    |                        |                 |                               |
| Scott Wolfe    |                        |                 |                               |
| Brian Peterson |                        |                 |                               |
|                |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>       | <u>Mailing Address</u> | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|-------------------|------------------------|----------------------------------|------------------------------|
| Kentucky Colonels |                        | NA                               | 1999                         |
| Krew of Bowlegs   |                        | NA                               | 2014                         |
| Masonic Lodge     |                        | NA                               | 1997                         |
| Shiner            |                        | NA                               | 1997                         |
| Jester            |                        | NA                               | 1998                         |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

CERTIFICATION

STATE OF FLORIDA  
COUNTY OF Okaloosa

RECEIVED  
2024 NOV 18 AM 8:50  
DIVISION OF REGISTRATIONS  
TALLAHASSEE, FL

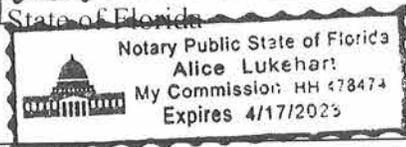
Before me, the undersigned Notary Public of Florida, personally appeared DAVID Chapman, who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

DAVID Chapman  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 13<sup>th</sup> day of November, 2024.

Alice Lukehart  
Signature of Notary Public, State of Florida

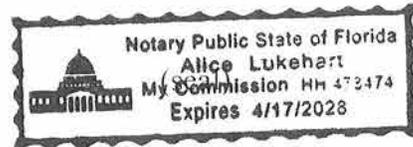
Alice Lukehart  
(Print, Type, or Stamp Commissioned Name of Notary Public)



My commission expires: 4-17-2028

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_



## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

## Senate Confirmation Questionnaire

*Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250*

The information from this page has been requested and will be used exclusively for Minority Statistics.

**Please type or use blue ink.**

1. Board of Interest: Funeral, Cemetery and Consumer Services Board

2. Current Employer and Occupation: Gulf Coast Wilbert Inc Owner

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

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5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

David Chapman  
Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

2020

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*Michael La Rosa*

is duly appointed a member of the  
**Florida Public Service Commission**

for a term beginning on the Second day of January, A.D., 2025,  
until the First day of January, A.D., 2029 and is subject to be  
confirmed by the Senate during the next regular session of the  
Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Twenty-Eighth day of October, A.D., 2024.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document.



**RON DeSANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 OCT 11 AM 10:11  
DIVISION OF ELECTORAL  
TALLAHASSEE, FL

October 4, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 350.01, Florida Statutes:

Mr. Michael La Rosa  
4246 Safari Run  
Tallahassee, Florida 32309

as a member of the Florida Public Service Commission, subject to confirmation by the Senate. This appointment is effective January 2, 2025, for a term ending January 1, 2029.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/mp

RECEIVED

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

2024 OCT -8 PM 3:36

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of LEON

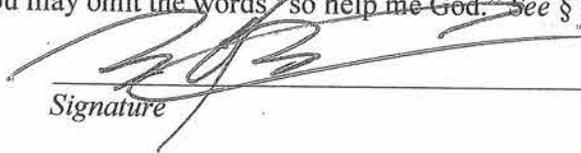
I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

## Florida Public Service Commission

(Full Name of Office – Abbreviations Not Accepted)

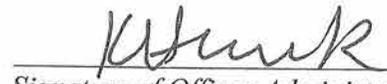
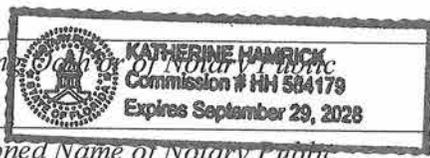
on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 8 day of October, 2024.

  
Signature of Officer Administering Oath  


Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

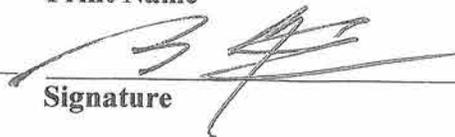
4246 Safari Run

Michael La Rosa

Street or Post Office Box

Print Name

Tallahassee, FL 32309

  
Signature

City, State, Zip Code

LAND DELIVERED: 127977

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

10/07/2024  
Date Completed

1. Name: Mr La Rosa Michael Andrew  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 2540 Shumard Oak Blvd Tallahassee  
Street Office # City  
FL 32399  
Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 4246 Safari Run Tallahassee Leon  
Street City County  
FL 32309  
Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address                   | City & State    | From | To      |
|---------------------------|-----------------|------|---------|
| (current) 4246 Safari Run | Tallahassee, FL | 2021 | current |
| 6510 Cottage Lane         | St. Cloud, FL   | 2015 | 2021    |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address | City & State | From | To |
|---------|--------------|------|----|
| N/A     |              |      |    |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Miami, Florida

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ ssuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

N/A

2024 OCT -8 PM 3:36  
DR. SIDNEY ELAVIDORS  
TALLAHASSEE, FL

RECEIVED

9. Are you a United States citizen? Yes  No  If "No" explain:

N/A  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: N/A

10. Since what year have you been a continuous resident of Florida? 1982

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Leon B. Current Party Affiliation: Republican

12. Education

A. High School: Celebration School Year Graduated: 2000  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>    | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u> |
|-------------------------------|-----------------------|--------------------------------------|
| Valencia Community College    | 2000-2002             |                                      |
| University of Central Florida | 2000-2004             | BA Interpersonal Communication       |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: N/A

B. Branch or Component: N/A

C. Date & type of discharge: N/A

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| N/A         |              |               |                    |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u>   | <u>Type of Business</u> | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|--|-------------------------|-----------------------------|-----------------------------|
| Florida Public Service Commission (2540 Shumard Oak Blvd. Tallahassee, FL 32399) | Regulator               | Commissioner                | 01/2021-current             |
| Florida House of Representatives (402 S Monroe St Tallahassee, FL 32399)         | Legislature             | State Representative        | 11/2012-11/2020             |
| La Rosa Realty (1420 Celebration Blvd 2nd Floor, Celebration, FL 34747)          | Real Estate             | Realtor                     | 01/2004 -current            |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u>           | <u>Period of Employment</u> |
|-----------------|-----------------------------------|-----------------------------|
| Commissioner    | Florida Public Service Commission | 2021 - current              |
| Legislator      | Florida House of Representative   | 2012 - 2020                 |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

I believe I am well-qualified for reappointment based on my proven track record as current commissioner along with previous experiences. My prior legislative experience and with my current Commission duties, I have a deep understanding of state government, agency rule-making authority, and inter-agency cooperation. My business experience includes growth management, planning, and consulting on large real estate development projects, involving local regulations and infrastructure planning. With a background in both the private and public sectors, I have managed relationships, balanced budgets, made tough decisions in times of crisis and struck a balance when it was necessary to find compromise.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

University of Central Florida - BA Interpersonal Communications

University of Central Florida - (minor) Political Science

DBPR - Florida Real Estate License

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

Recognized for multiple awards as a Legislator from organizations such as: Florida Chamber of Commerce  
Americans for Prosperity, American Lung Association, Florida Farm Bureau, Florida Realtors  
and Central Florida Council of Boys Scouts of America

D. Identify all association memberships and association offices held by you that relate to this appointment:

Current member of NARUC National Association of Regulatory Utility Commissioners (serving on the Electricity Committee)  
SEARUC - Southeastern Association Regulatory Utility Commission

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

N/A

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u>                                   | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|---|--|-----------------------|----------------------------|
| State Representative                                  | 11/2012 (2014, 2016, 2018)             | 2 years               | State                      |
| Commissioner (FL PSC)                                 | 1/2021 (appointment)                   | 4 years               | State                      |
| Florida Government Efficiency Task Force - 2015       |  | 2 years               | State                      |
| Florida Public Service Nominating Council 2013 & 2016 |  | 2 years               | State                      |

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: Biweekly or as needed

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u>  | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|---|------------------------|---------------------------|
| <u>Zero meetings missed as a appointed member of the FL PSC</u> |                        |                           |
|   |                        |                           |
|   |                        |                           |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
| <u>N/A</u>  |                            |                    |
|             |                            |                    |
|             |                            |                    |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: N/A C. Reason for suspension: N/A

B. Date of suspension: N/A D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: Commissioner - Florida Public Service Commisison

B. Term of Appointment: 4 years

C. Confirmation results: Approved

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

N/A

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u>          | <u>Disciplinary Action/Date</u> |
|---|----------------------------|-----------------------------------|---------------------------------|
| <u>SL 3056598</u>                             | <u>2003</u>                | <u>DBPR (Real Estate License)</u> | <u>N/A</u>                      |
|   |                            |                                   |                                 |
|   |                            |                                   |                                 |
|   |                            |                                   |                                 |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
| <u>N/A</u>              |                                      |   |
|                         |                                      |   |
|                         |                                      |   |
|                         |                                      |   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
| N/A                     |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
| N/A                   |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>         | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|---------------------|------------------------|-----------------|-------------------------------|
| Dr. Earnest Page    |                        |                 |                               |
| Marcello Spinelli - |                        |                 |                               |
| Josh Fletcher       |                        |                 |                               |
|                     |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>                            | <u>Mailing Address</u>                         | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|--|--|----------------------------------|------------------------------|
| Rotary                                 | -1850 Hotel Plaza Boulevard                    | Member                           | 2010 - 2021                  |
| Osceola County Association of Realtors | - 1105 Cross Prairie Pkwy, Kissimmee, FL 34744 | Member                           | -2006-2024                   |
|  |  |                                  |                              |
|  |  |                                  |                              |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

|     |
|-----|
| N/A |
|     |
|     |
|     |

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

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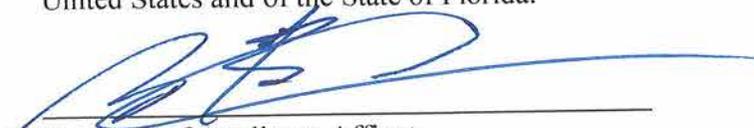
CERTIFICATION

2024 OCT -8 PM 3:37

STATE OF FLORIDA  
COUNTY OF Leon

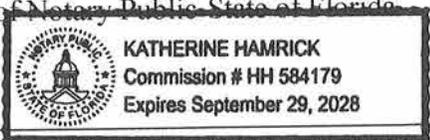
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

Before me, the undersigned Notary Public of Florida, personally appeared Michael La Rosa, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 8 day of October, 2024.

  
Signature of Notary Public, State of Florida



(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 9/29/28

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

(seal)

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

## Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: Florida Public Service Commission

2. Current Employer and Occupation: Florida Public Service Commission

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

N/A

5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor. **no**

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor. **Yes, Youth or Sports Organizations.**

Michael La Rosa

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

2060

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*Franklin Griffin*

is duly appointed a member of the

**Florida Real Estate Appraisal Board**

for a term beginning on the Twelfth day of July, A.D., 2024,  
until the Thirty-First day of October, A.D., 2027 and is subject  
to be confirmed by the Senate during the next regular session of  
the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Second day of October, A.D., 2024.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11" document.



**RON DeSANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE

2024 JUL 16 AM 10:36

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

July 12, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 475.613, Florida Statutes:

Mr. Frank Griffin  
701 West Bay Street  
Tampa, Florida 33606

as a member of the Florida Real Estate Appraisal Board, filling a vacant seat previously occupied by Evalyn Oreto, subject to confirmation by the Senate. This appointment is effective July 12, 2024, for a term ending October 31, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/es

RECEIVED

2024 JUL 22 AM 8:4

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of HILLSBOROUGH

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

FLORIDA REAL ESTATE APPRAISAL BOARD

(Full Name of Office - Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Franklin Griffin  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of  physical presence

Or  online notarization this 16 day of July, 2024.

Lynette Carney

Signature of Officer Administering Oath or of Notary Public

Lynette Carney

Print, Type, or Stamp Commissioned Name of Notary Public



Personally Known  or Produced Identification

Type of Identification Produced Drivers License

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

701 W BAY ST

FRANKLIN GRIFFIN

Street or Post Office Box

Print Name

TAMPA FL 33606

Franklin Griffin  
Signature

City, State, Zip Code

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

07/16/2024

Date Completed

1. Name: Mr. Griffin Franklin Frederick  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 701 W Bay St Tampa  
Street Office # City  
Florida 33606  
Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 701 W Bay St Tampa Hillsborough  
Street City County  
Florida 33606  
Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address      | City & State | From | To      |
|--------------|--------------|------|---------|
| 701 W Bay St | Tampa FL     | 2008 | Present |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address         | City & State  | From | To   |
|-----------------|---------------|------|------|
| 17 Lookout Loop | Burnsville NC | 2006 | 2008 |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Savannah GA

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

2024 JUL 22 AM 8:47  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

RECEIVED

9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? 1969

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Hillsborough B. Current Party Affiliation: Republican

12. Education

A. High School: Brandon High Brandon FL Year Graduated: 1973  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>           | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u> |
|--------------------------------------|-----------------------|--------------------------------------|
| <u>University of Florida Florida</u> | <u>1974-1975</u>      | <u>Associates</u>                    |
| <u>Ferris State Big Rapids MI</u>    | <u>1976-1980</u>      | <u>Bachelors</u>                     |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: \_\_\_\_\_

B. Branch or Component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u>            | <u>Nature</u> | <u>Disposition</u> |
|-------------|-------------------------|---------------|--------------------|
| <u>1977</u> | <u>Golden Valley MN</u> | <u>DUI</u>    | <u>Guilty</u>      |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u>      | <u>Type of Business</u> | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|---|-------------------------|-----------------------------|-----------------------------|
| <u>Griffin Real Estate and Appraisals</u> | <u>Appraisals</u>       | <u>SRA Owner</u>            | <u>1985-Present</u>         |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u> | <u>Period of Employment</u> |
|-----------------|-------------------------|-----------------------------|
| _____           | _____                   | _____                       |
| _____           | _____                   | _____                       |
| _____           | _____                   | _____                       |

127970

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF ELECTIONS  
2014 SEP 25 PM 2:59

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Identify all association memberships and association offices held by you that relate to this appointment:

NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| Office Title | Date of Election or Appointment | Term of Office | Level of Government |
|--------------|---------------------------------|----------------|---------------------|
| _____        | _____                           | _____          | _____               |
| _____        | _____                           | _____          | _____               |
| _____        | _____                           | _____          | _____               |
| _____        | _____                           | _____          | _____               |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

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B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

SRA Member of the Appraisal Institute 1988-2022 (Retired)

State Certified General Appraiser 1992-Present #RZ 1425

Florida Real Estate Broker 1984 - Present #BK265656

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No   
If "Yes", list:

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D. Identify all association memberships and association offices held by you that relate to this appointment:

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18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

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19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u> | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|---------------------|--|-----------------------|----------------------------|
|---------------------|--|-----------------------|----------------------------|

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B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: \_\_\_\_\_

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
| _____                    | _____                  | _____                     |
| _____                    | _____                  | _____                     |
| _____                    | _____                  | _____                     |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
| _____       | _____                      | _____              |
| _____       | _____                      | _____              |
| _____       | _____                      | _____              |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: \_\_\_\_\_

B. Term of Appointment: \_\_\_\_\_

C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--------------------------|---------------------------------|
| Certified Building Contractor                 | 1997                       | State of Florida         | None                            |
| Home Inspector                                | 2011                       | State of Florida         | None                            |
| _____   | _____                      | _____                    | _____                           |
| _____   | _____                      | _____                    | _____                           |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u>            | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|------------------------------------|--------------------------------------|---|
| Griffin Real Estate and Appraisals | Owner                                | Appraiser/Realtor                       |
| _____                              | _____                                | _____                                   |
| _____                              | _____                                | _____                                   |
| _____                              | _____                                | _____                                   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
| Bryan Griffin           | Son  | Communications Director for Gov. Desantis       |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
| N/A                   |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>       | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|-------------------|------------------------|-----------------|-------------------------------|
| Bob Stringer      |                        |                 |                               |
| Michael Eggelston |                        |                 |                               |
| Bill Moore        |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>    | <u>Mailing Address</u>  | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|----------------|-------------------------|----------------------------------|------------------------------|
| PGA of America | 1916 PGA PKWY Frisco TX | Class A PGA Professional         | Retired                      |
|                |                         |                                  |                              |
|                |                         |                                  |                              |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

RECEIVED

CERTIFICATION

2024 JUL 22 AM 8:47

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

Before me, the undersigned Notary Public of Florida, personally appeared \_\_\_\_\_,

who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

*Frodo Baggins*  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 16 day of July, 2024.

*Lynette Carney*  
Signature of Notary Public-State of Florida

Lynette Carney  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 7/11/2025

Personally Known  OR Produced Identification

Type of Identification Produced: Drivers License

(seal)



## MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

## Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: FREAB
2. Current Employer and Occupation: Griffin Real Estate and Appraisals - Appraiser/Realtor
3. Are you applying for reappointment: Yes  No
4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.  
\_\_\_\_\_  
\_\_\_\_\_
5. \*Sex: Male  Female
6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native
7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.
8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

FRANK GRIFFIN

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

2060

**STATE OF FLORIDA  
DEPARTMENT OF STATE  
Division of Elections**

I, Cord Byrd, Secretary of State,  
do hereby certify that

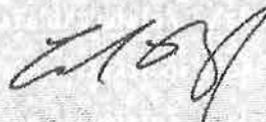
***Prakash Patel***

is duly appointed a member of the

**Florida Real Estate Appraisal Board**

for a term beginning on the First day of November, A.D., 2024,  
until the Thirty-First day of October, A.D., 2028 and is subject  
to be confirmed by the Senate during the next regular session of  
the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the Twenty-Second day of November, A.D., 2024.*



Secretary of State



If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11 document



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE  
2024 JUL 16 AM 10:36  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

July 12, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Section 475.613, Florida Statutes:

Mr. Prakash "Paul" Patel  
6846 Vintage Lane  
Port Orange, Florida 32128

as a member of the Florida Real Estate Appraisal Board, subject to confirmation by the Senate. This appointment is effective November 1, 2024, for a term ending October 31, 2028.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/es

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

RECEIVED  
DEPARTMENT OF STATE

2024 NOV -8 AM 8:07

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

STATE OF FLORIDA

County of Volusia

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

REAL ESTATE APPRAISAL BOARD.  
(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

[Signature]  
Signature

(Affix Seal Below)



ELNAH SKYE BORUM  
Commission #HH 184858  
Expires October 11, 2025  
Bonded Thru Budget Notary Services

Sworn to and subscribed before me by means of  physical presence  
Or  online notarization this 1 day of November, 2024.

[Signature]  
Signature of Officer Administering Oath or of Notary Public  
Elnah Borum

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification   
Type of Identification Produced FL Drivers License

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

6847 vintage lane  
Street or Post Office Box

Port Orange, FL 32128  
City, State, Zip Code

PRALASH PATEL  
Print Name

[Signature]  
Signature

127986

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

10/25/2024

Date Completed

1. Name: MR PATEL PRAKASH P  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 3340 S. RIDGEWOOD AVE., SUITE#2 PORT ORANGE  
Street Office # City  
FLORIDA 32129

Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 6846 VINTAGE LANE PORT ORANGE VOLUSIA  
Street City County  
FLORIDA 32128

Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

Address City & State From To  
6846 VINTAGE LANE , PORT ORANGE , FLORIDA 32128 AUGUST 2011 - PRESENT

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

Address City & State From To  
8891 WEST WATERFORD SQUARE , GREENFIELD , WI 53228 JULY2002- DEC2010  
1807 FOREST PRESERVE BLVD., PORT ORANGE , FLORIDA 32128 JAN2010-AUGUST2011

5. Date of Birth: \_\_\_\_\_ Place of Birth: GUJARAT, INDIA

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: FLORIDA

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
2024 NOV -8 AM 8:07  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: 12/5/2005

10. Since what year have you been a continuous resident of Florida? 2010

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: VOLUSIA B. Current Party Affiliation: \_\_\_\_\_

12. Education

A. High School: SHREYAS HIGH SCHOOL, VADODARA, GUJARAT, INDIA Year Graduated: MARCH 1992  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>             | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u>   |
|--|-----------------------|--|
| <u>M.S. UNIVERSITY, GUJARAT, INDIA</u> | <u>1996</u>           | <u>BACHELORS IN BUSINESS ADMIN, MARKETING, ACCOUNTING</u>                      |
| <u>APTECH COMPUTER, GUJARAT, INDIA</u> | <u>1994</u>           | <u>DIPLOMA IN INFORMATION AND SYSTEM MGT (COMPUTER SOFTWARE, ORACLE, JAVA)</u> |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: \_\_\_\_\_

B. Branch or Component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u> | <u>Type of Business</u>       | <u>Occupation/Job Title</u> | <u>Period of Employment</u>  |
|--------------------------------------|-------------------------------|-----------------------------|------------------------------|
| <u>WEICHART REALTORS</u>             | <u>REAL ESTATE CONSULTING</u> | <u>REALTOR</u>              | <u>OCTOBER 2015- PRESENT</u> |

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No  If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u> | <u>Period of Employment</u> |
|-----------------|-------------------------|-----------------------------|
| _____           | _____                   | _____                       |
| _____           | _____                   | _____                       |
| _____           | _____                   | _____                       |

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

In a business career spanning over three decades, i had ran , owned and built over a dozen small  
and medium sized buisnesses worth tens of millions of dollars, in diverse fields, such as National  
supply chain of chemicals in India, convenience stores , real estate development ,  
real estate consulting and hospitality . I am also a proud member of Indian American Chambers  
of commerce and BAPS ( Non Profit Socio Spritual Organization ) also a Goverment Realtions lead  
for BAPS in FLORIDA

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

Florida Division Of Real Estate - Licensed Realtor  
Bechlors in Business Administration , Marketing ,Accounting and Economics

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No   
If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this appointment:

N/A

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u> | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|---------------------|--|-----------------------|----------------------------|
|---------------------|--|-----------------------|----------------------------|

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: Every Other Months

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
|--------------------------|------------------------|---------------------------|

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20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
|-------------|----------------------------|--------------------|

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21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No   
If "Yes", list:

A. Title of Office: Board Member , Florida Real Estate Appraisal Board

B. Term of Appointment: 4 years

C. Confirmation results: Confirmed

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No   
If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate<br/>Title &amp; Number</u> | <u>Original<br/>Issue Date</u> | <u>Issuing Authority</u>               | <u>Disciplinary Action/Date</u> |
|---|--------------------------------|--|---------------------------------|
| <u>SL 3339364</u>                                 | <u>10/27/2015</u>              | <u>Florida Division Of Real Estate</u> | <u>NONE</u>                     |

|  |  |  |  |
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25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
|-------------------------|--------------------------------------|---|

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B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
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26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
|-----------------------|------------------------------|

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27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u> | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|-------------|------------------------|-----------------|-------------------------------|
|-------------|------------------------|-----------------|-------------------------------|

|               |  |  |  |
|---------------|--|--|--|
| Asit Bhatt    |  |  |  |
| Ritesh Desai  |  |  |  |
| Harshad Patel |  |  |  |
|               |  |  |  |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u> | <u>Mailing Address</u> | <u>Office(s) Held &amp; Term</u> | <u>Date(s) of Membership</u> |
|-------------|------------------------|----------------------------------|------------------------------|
|-------------|------------------------|----------------------------------|------------------------------|

|     |  |  |  |
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|     |  |  |  |
|     |  |  |  |
| N/A |  |  |  |
|     |  |  |  |
|     |  |  |  |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

|  |
|--|
|  |
|  |
|  |
|  |

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

CERTIFICATION

STATE OF FLORIDA

COUNTY OF Volusia

Before me, the undersigned Notary Public of Florida, personally appeared Prakash Prahladhaji Patel, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

[Signature]  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 7 day of November, 2024.

[Signature]  
Signature of Notary Public-State of Florida

Eliah Borum  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 10-11-2025

Personally Known  OR Produced Identification

Type of Identification Produced FL drivers license

RECEIVED  
DEPARTMENT OF STATE  
2024 NOV - 8 AM 8:07  
DIVISION OF ELECTIONS  
TALLAHASSEE FL



ELIJAH SKYE BORUM  
Commission # HH 184858  
Expires October 11, 2025  
Bonded Thru Budget Notary Services

(seal)

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

## Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
Please type or use blue ink.

1. Board of Interest: FLORIDA REAL ESTATE APPRISAL BOARD

2. Current Employer and Occupation: WEICHART REALTORS - REALTOR

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.

PRALASH "PAUL" PATEL

Applicant's Name, including name commonly used  
(Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

2060

STATE OF FLORIDA  
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,  
do hereby certify that

*Nicole R. Jones*

is duly appointed a member of the  
**Florida Real Estate Appraisal Board**

for a term beginning on the Twelfth day of July, A.D., 2024,  
until the Thirty-First day of October, A.D., 2027 and is subject  
to be confirmed by the Senate during the next regular session of  
the Legislature.

*Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital, this  
the First day of August, A.D., 2024.*



Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document.



**RON DESANTIS**  
GOVERNOR

RECEIVED  
DEPARTMENT OF STATE

2024 JUL 16 AM 10:36

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

July 12, 2024

Secretary Cord Byrd  
Department of State  
R.A. Gray Building, Room 316  
500 South Bronough Street  
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 475.613, Florida Statutes:

Ms. Nicole Ramos Jones  
408 Mill Point Lane  
Panama City Beach, Florida 32407

as a member of the Florida Real Estate Appraisal Board, filling a vacant seat previously occupied by Mark Kruse, subject to confirmation by the Senate. This appointment is effective July 12, 2024, for a term ending October 31, 2027.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

RD/es

RECEIVED  
DEPARTMENT OF STATE

2024 JUL 31 AM 8:32

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

# OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of BAY

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Florida Real Estate Appraisal Board

(Full Name of Office - Abbreviations Not Accepted)

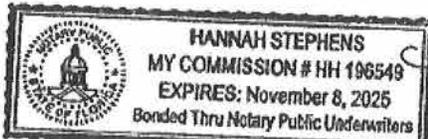
on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Nicole R Jones  
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of X physical presence  
Or      online notarization this 15<sup>th</sup> day of JULY, 2024.



Hannah Stephens  
Signature of Officer Administering Oath or of Notary Public

Hannah Stephens  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known  or Produced Identification

Type of Identification Produced     

## ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home  Office

409 Mill Point Lane  
Street or Post Office Box

Nicole R Jones  
Print Name

Panama City Beach, FL 32407  
City, State, Zip Code

Nicole R Jones  
Signature

127803

# QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate.

Please type or print in blue or black ink.

July 16, 2024

Date Completed

1. Name: Ms. Jones Nicole Ramos  
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address: 430 West 5th Street Suite 400 Panama City  
Street Office # City  
n/a FL 32401  
Post Office Box State Zip Code Area Code/Phone Number

3. Residence Address: 408 Mill Point Lane Panama City Beach Bay  
Street City County  
n/a FL 32407  
Post Office Box State Zip Code Area Code/Phone Number

Specify the preferred mailing address: Business  Residence  Fax # \_\_\_\_\_ (optional)

4. A. List all your places of residence for the last five (5) years.

| Address             | City & State          | From | To      |
|---------------------|-----------------------|------|---------|
| 408 Mill Point Lane | Panama City Beach, FL | 2020 | present |
| 542 Durham Drive    | Birmingham, AL        | 2017 | 2020    |

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

| Address          | City & State   | From | To   |
|------------------|----------------|------|------|
| 542 Durham Drive | Birmingham, AL | 2017 | 2020 |

5. Date of Birth: \_\_\_\_\_ Place of Birth: Killeen, Texas

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: Florida

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain

Nicole Ramos (Maiden Name)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you a United States citizen? Yes  No  If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? 2000

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of Registration: Bay B. Current Party Affiliation: NPA

12. Education

A. High School: Mosley High School, Lynn Haven, Florida Year Graduated: 2010  
(Name and Location)

B. List all postsecondary educational institutions attended:

| <u>Name &amp; Location</u>                | <u>Dates Attended</u> | <u>Certificates/Degrees Received</u>  |
|---|-----------------------|---------------------------------------|
| Auburn University, Auburn, AL             | 2010 - 2013           | Bachelor of Arts in Political Science |
| Florida State University, Tallahassee, FL | 2013 - 2015           | Master of Science in Higher Education |
| Samford University, Birmingham, AL        | 2017 - 2020           | Juris Doctor                          |

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of Service: \_\_\_\_\_

B. Branch or Component: \_\_\_\_\_

C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No  If "Yes" give details:

| <u>Date</u> | <u>Place</u> | <u>Nature</u> | <u>Disposition</u> |
|-------------|--------------|---------------|--------------------|
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |
| _____       | _____        | _____         | _____              |

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| <u>Employer's Name &amp; Address</u> | <u>Type of Business</u> | <u>Occupation/Job Title</u> | <u>Period of Employment</u> |
|--------------------------------------|-------------------------|-----------------------------|-----------------------------|
|--------------------------------------|-------------------------|-----------------------------|-----------------------------|

Resume enclosed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| <u>Position</u> | <u>Employing Agency</u> | <u>Period of Employment</u> |
|-----------------|-------------------------|-----------------------------|
|-----------------|-------------------------|-----------------------------|

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

As a resident of a hurricane affected area, I've seen the positive effects that real estate and development can have on a community.

In my career as an attorney, I assist a variety of individuals gain a broader understanding of the real estate market and the critical role that accurate and fair appraisals play in property transactions.

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B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

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C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

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D. Identify all association memberships and association offices held by you that relate to this appointment:

n/a

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18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

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19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

| <u>Office Title</u> | <u>Date of Election or Appointment</u> | <u>Term of Office</u> | <u>Level of Government</u> |
|---------------------|--|-----------------------|----------------------------|
|---------------------|--|-----------------------|----------------------------|

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B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: \_\_\_\_\_

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| <u>Meetings Attended</u> | <u>Meetings Missed</u> | <u>Reason for Absence</u> |
|--------------------------|------------------------|---------------------------|
| _____                    | _____                  | _____                     |
| _____                    | _____                  | _____                     |
| _____                    | _____                  | _____                     |

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No  If "Yes", give details:

| <u>Date</u> | <u>Nature of Violation</u> | <u>Disposition</u> |
|-------------|----------------------------|--------------------|
| _____       | _____                      | _____              |
| _____       | _____                      | _____              |
| _____       | _____                      | _____              |

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

A. Title of Office: \_\_\_\_\_

B. Term of Appointment: \_\_\_\_\_

C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_

\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

| <u>License/Certificate Title &amp; Number</u> | <u>Original Issue Date</u> | <u>Issuing Authority</u> | <u>Disciplinary Action/Date</u> |
|---|----------------------------|--------------------------|---------------------------------|
| 1039506                                       | 09/2022                    | Florida Bar              | n/a                             |
| _____   | _____                      | _____                    | _____                           |
| _____   | _____                      | _____                    | _____                           |
| _____   | _____                      | _____                    | _____                           |

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Your Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--------------------------------------|---|
| _____                   | _____                                | _____                                   |
| _____                   | _____                                | _____                                   |
| _____                   | _____                                | _____                                   |
| _____                   | _____                                | _____                                   |

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

| <u>Name of Business</u> | <u>Family Member's Relationship to You</u> | <u>Family Member's Relationship to Business</u> | <u>Business' Relationship to Agency</u> |
|-------------------------|--|---|---|
|                         |  |   |   |
|                         |  |   |   |
|                         |  |   |   |

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

| <u>Agency Lobbied</u> | <u>Principal Represented</u> |
|-----------------------|------------------------------|
|                       |                              |
|                       |                              |
|                       |                              |

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

| <u>Name</u>      | <u>Mailing Address</u> | <u>Zip Code</u> | <u>Area Code/Phone Number</u> |
|------------------|------------------------|-----------------|-------------------------------|
| Michael Wynn     |                        |                 |                               |
| Cody Farrill     |                        |                 |                               |
| Alicia Carothers |                        |                 |                               |
|                  |                        |                 |                               |

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

| <u>Name</u>                  | <u>Mailing Address</u>                  | <u>Office(s) Held &amp; Term</u>  | <u>Date(s) of Membership</u> |
|------------------------------|---|---|------------------------------|
| St. Andrews Bay Inn of Court | n/a                                     | VP (2024 - 2025)  | 2022 - present               |
| Junior League of Panama City | 736 Jenks Avenue, Panama City, FL 32401 | VP Training and Leadership (2022 - 2023), New Member Mentor (2023 - 2024) | 2020 - Present               |
| Women in Law                 | 305 Riley Road, Birmingham, AL 35229    | VP (2018 - 2019)  | 2017 - 2020                  |
|                              |   |   |                              |

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

RECEIVED  
DEPARTMENT OF STATE

2024 JUL 31 AM 8:33

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

### CERTIFICATION

STATE OF FLORIDA

COUNTY OF Bay

Before me, the undersigned Notary Public of Florida, personally appeared Nicole Ramos Jones, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Nicole Ramos Jones  
Signature of Applicant-Affiant

Sworn to and subscribed before me this 11th day of July, 2024

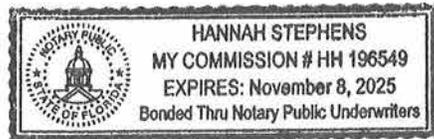
Hannah Stephens  
Signature of Notary Public-State of Florida

Hannah Stephens  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 11/8/25

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_



(seal)

## MEMORANDUM

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

- Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) \_\_\_\_\_

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0150

## Senate Confirmation Questionnaire

Please mail to: Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics.  
**Please type or use blue ink.**

1. Board of Interest: Florida Real Estate Appraisal Board

2. Current Employer and Occupation: Wynn & Associates, PLLC | Attorney

3. Are you applying for reappointment: Yes  No

4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

5. \*Sex: Male  Female

6. \*Race: White  African-American   
Hispanic-American  Asian/Pacific Islander   
Native-American/Alaskan Native

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor. Yes. Junior League of Panama City is restricted to women membership. I intend to continue.

8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor. Yes. Any educational or professional development program.

Nicole P. Jones  
Applicant's Name, including name commonly used  
(Please print)  
Nicole Ramos Jones

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

# NICOLE RAMOS JONES, ESQ.

408 Mill Point Lane, Panama City Beach, Florida 32407 | 850.866.0869 | nicoleramosjones@gmail.com

## PROFESSIONAL EXPERIENCE

Wynn & Associates, PLLC | Panama City, FL  
*Associate Attorney*

January 2024 – Present

- Provide comprehensive legal counsel to corporate clients by advising on a range of business and commercial law matters, including corporate formation, corporate governance, and mergers and acquisitions; Assist and advise clients through real estate transactions and investments
- Draft and review a variety of legal documents, ensuring compliance with applicable laws and regulations. Ensure due diligence is performed throughout the life of a transaction

Burg Wynn, P.A. | Panama City, FL  
*Associate Attorney*

August 2020 – January 2024

- Served as a consultant to more than 150 community association boards and managers regarding complex commercial and residential real estate matters, including providing timely guidance on the meaning and application of contracts, professional services agreements, and governing documents, as well as assisting with proactive planning for implementing policies, plans, and objectives
- Drafted agreements to solve novel issues in the areas of real estate development, general real estate transactions, business formation and development, and bankruptcy; Equip clients with practical legal analyses to assist in decision-making and conflict resolution

John D. Saxon, P.C. | Birmingham, AL  
*Law Clerk*

July 2019 – August 2019

- Researched and prepared complaints, motions, and pleadings in the field of employment law

Burke Blue | Panama City Beach, FL  
*Law Clerk*

May 2019 – June 2019

- Drafted research memoranda regarding land use, zoning, municipalities, taxation, and real estate matters

Magic City Law, LLC | Birmingham, AL  
*Law Clerk*

June 2018 – December 2018

- Conducted research concerning relevant case law and secondary resources for attorneys. Evaluated incoming discovery, drafted deficiency letters, and prepared discovery for use in trial.
- Implemented new intake procedures and assist in general office management.

## COMMUNITY INVOLVEMENT

Junior League of Panama City | 2020 - present

- New Member Mentor | 2023 - 2024
- Vice President of Training and Leadership | 2022 – 2023
- State Public Affairs Committee | Chair, 2024 – 2025, Member at Large, 2023 – 2024
- Recipient of Spirit of Rebecca Redenbaugh Award (2022) and Spirit of Barbara Bush Award (2024)

St. Andrew's Bay Inn of Court | 2022 – present

- Vice-President | 2024 – 2025

Bay Education Foundation

- Take Stock in Children Mentor | 2022 – 2023

## EDUCATION

Samford University, Cumberland School of Law | Birmingham, AL  
*Juris Doctor*

May 2020

- Honors: Dean's List - Fall 2018, Spring 2019; Third Place Finisher: ABA Regional Mediation Competition; Academic Support Program Mentor; Semi-Finalist: 2018 Donworth Moot Court Competition
- Involvement: Vice-President of Women in Law, 2018-2019; National Mediation Team, Traveling Team

Florida State University | Tallahassee, FL  
*Master of Science in Higher Education and Student Affairs*

May 2015

- Honors: Seminole Torchbearer
- Involvement: Professional Development Chair, FSU Higher Education Student Association Board; Logistics Chair, Visiting Days Committee

Auburn University | Auburn, AL

May 2013

*Bachelor of Arts* in Political Science

Involvement: Parent Counselor for Orientation, Auburn University First Year Experience, Camp War Eagle; Vice President of Communication, Delta Gamma Fraternity; Student Advisory Provost Counsel; Peer Academic Advisor

**LANGUAGES**

- Spanish

**District Office**  
1380 Sarno Road  
Suite C  
Melbourne, FL 32935  
(321) 409-2025

**District Aide**  
Nancy Bernier  
[Bernier.Nancy@flsenate.gov](mailto:Bernier.Nancy@flsenate.gov)

**Legislative Aide**  
Tommy Unger  
[Unger.Thomas@flsenate.gov](mailto:Unger.Thomas@flsenate.gov)



**Tallahassee Office:**  
302 SOB  
404 South Monroe Street  
Tallahassee, FL 32399-1300  
(850) 487-5019  
[Fine.Randy@flsenate.gov](mailto:Fine.Randy@flsenate.gov)

**Legislative Aide**  
Anna Budko  
[Budko.Anna@flsenate.gov](mailto:Budko.Anna@flsenate.gov)

**Randy Fine**  
**Florida Senate**  
Senator, District 19

March 18, 2025

The Honorable Jennifer Bradley  
Chairman of the Committee on Regulated Industries  
525 Knott Building  
404 South Monroe Street  
Tallahassee, FL 32399-1100

Dear Chairman Bradley,

I respectfully request an excused absence from the committee meeting on March 19th, 2025.

Thank you in advance for your consideration of this request.

cc:  
Staff Director Booter Imhof  
Committee Administrative Assistant Susan Datres

Sincerely,

A handwritten signature in blue ink that reads "Randy A. Fine".

Randy Fine  
State Senator, District 19

Governmental Oversight and Accountability, Chair  
Community Affairs, Vice Chair  
Joint Select Committee on Collective Bargaining, Alternating Chair  
Appropriations -- Regulated Industries  
Appropriations Committee on Agriculture, Environment, and General Government  
Appropriations Committee on Pre-K - 12 Education -- Education Postsecondary  
Brevard County Delegation

# CourtSmart Tag Report

Room: KB 412  
Caption: Senate Committee on Regulated Industries

Case No.: -

Type:  
Judge:

Started: 3/19/2025 9:04:09 AM  
Ends: 3/19/2025 10:17:07 AM Length: 01:12:59

9:04:09 AM Chair Bradley calls meeting to order  
9:04:11 AM Roll Call  
9:04:34 AM Quorum  
9:04:35 AM Chair Bradley makes opening remarks  
9:04:42 AM SB 1742 by Senator Bradley is Temporarily Postponed  
9:05:10 AM Tab 3: SB 1298 Building Construction by Senator Simon  
9:05:21 AM Senator Simon explains bill  
9:07:36 AM Public testimony  
9:07:40 AM Chair Bradley reads waiving  
9:08:04 AM Senator Simon waives close on bill  
9:08:05 AM Roll Call  
9:08:38 AM Tab 2: SB 940 Third-party Restaurant Reservation Platforms by Senator McClain  
9:08:53 AM Amendment 307066 by Senator McClain  
9:09:00 AM Senator McClain explains amendment  
9:10:37 AM Questions  
9:10:40 AM Senator Ingoglia  
9:11:05 AM Senator McClain  
9:11:06 AM Senator Ingoglia  
9:11:18 AM Senator McClain  
9:11:42 AM Senator Ingoglia  
9:12:01 AM Senator McClain  
9:12:29 AM Senator Ingoglia  
9:13:22 AM Senator McClain  
9:13:59 AM Senator Ingoglia  
9:14:17 AM Senator McClain  
9:15:04 AM Senator Ingoglia  
9:15:20 AM Senator McClain  
9:15:46 AM Senator McClain closes on amendment  
9:16:17 AM Chair Bradley reports amendment  
9:16:23 AM Public testimony  
9:16:25 AM Samantha Padgett, Florida Restaurants Lodging Association  
9:18:46 AM Senator Ingoglia  
9:19:52 AM Samantha Padgett  
9:20:08 AM Ron Pierce, Booking Holdings waives  
9:20:23 AM Senator McClain waives close on bill  
9:20:26 AM Roll Call  
9:20:55 AM Tab 1: SB 638 Home Inspectors by Senator Martin  
9:21:01 AM Senator Martin explains bill  
9:21:49 AM Questions  
9:21:53 AM Senator Ingoglia  
9:22:09 AM Senator Martin  
9:22:38 AM Senator Ingoglia  
9:22:58 AM Senator Martin  
9:23:00 AM Senator Ingoglia  
9:23:24 AM Senator Martin  
9:23:33 AM Senator Ingoglia  
9:23:47 AM Senator Martin  
9:24:02 AM Public testimony  
9:24:04 AM Jennifer Ashton, International Association of Certified Home Inspectors waives  
9:24:18 AM Senator Martin waives close on bill  
9:24:20 AM Roll Call  
9:24:46 AM Tab 6: SB 960 Elevator Accessibility Requirements by Senator Bernard

9:24:56 AM Senator Bernard explains bill  
9:25:52 AM Public testimony  
9:25:56 AM Chair Bradley reads waiving  
9:26:16 AM Senator Bernard waives close on bill  
9:26:19 AM Roll Call  
9:27:09 AM Recording Paused  
9:30:22 AM Recording Resumed  
9:30:24 AM Tab 5: SB 196 Foods Containing Vaccines or Vaccine Materials by Senator Gruters  
9:30:34 AM Senator Gruters explains bill  
9:31:04 AM Amendment 841778 by Senator Gruters  
9:31:09 AM Senator Gruters explains amendment  
9:31:29 AM Senator Gruters waives close on amendment  
9:31:34 AM Chair Bradley reports amendment  
9:31:39 AM Amendment 783348 by Senator Calatayud  
9:31:45 AM Senator Calatayud explains amendment  
9:33:08 AM Public testimony  
9:33:10 AM Scott Shalley, Florida Retail Federation  
9:34:01 AM Senator Gruters  
9:34:16 AM Senator Calatayud closes on bill  
9:34:51 AM Chair Bradley reports amendment  
9:35:09 AM Senator Gruters waives close on bill  
9:35:13 AM Roll Call  
9:35:42 AM Recording Paused  
9:42:26 AM Recording Resumed  
9:42:46 AM Tab 4: SB 1418 Heated Tobacco Products by Senator DiCeglie  
9:42:53 AM Senator DiCeglie explains bill  
9:43:58 AM Amendment 247328 by Senator DiCeglie  
9:44:04 AM Senator DiCeglie explains amendment  
9:44:39 AM Senator DiCeglie waives close on amendment  
9:44:50 AM Chair Bradley reports amendment  
9:45:01 AM Public testimony  
9:45:03 AM Scott Shalley, Florida Retail Federation waives  
9:45:09 AM Debate  
9:45:10 AM Senator Boyd  
9:45:35 AM Senator DiCeglie closes on bill  
9:46:10 AM Roll Call  
9:46:43 AM Tab 10: Senate Confirmation Hearings  
9:47:21 AM Senator Bernard motion to recommend confirmations  
9:47:28 AM Roll Call  
9:47:58 AM Tab 7: SB 1262 Construction Contracting by Senator Burgess  
9:48:06 AM Senator Burgess explains bill  
9:48:15 AM Amendment 608978 by Senator Burgess  
9:48:23 AM Senator Burgess explains amendment  
9:49:49 AM Senator Burgess waives close on amendment  
9:49:57 AM Chair Bradley reports amendment  
9:50:03 AM Public testimony  
9:50:07 AM Lucas Parsons, Florida Home Builders Association  
9:51:51 AM Senator Burgess closes on bill  
9:52:48 AM Roll Call  
9:53:12 AM Chair Bradley turns chair to Senator Pizzo  
9:53:17 AM Tab 8: SB 1304 Solar Facilities by Senator Bradley  
9:53:23 AM Senator Bradley explains bill  
9:55:14 AM Questions  
9:55:17 AM Senator Ingoglia  
9:55:31 AM Senator Bradley  
9:55:34 AM Senator Ingoglia  
9:56:20 AM Senator Bradley  
9:57:49 AM Senator Ingoglia  
9:58:35 AM Senator Bradley  
9:59:18 AM Senator Ingoglia  
9:59:23 AM Senator Bradley  
9:59:29 AM Senator Bernard

**9:59:44 AM** Senator Bradley  
**10:00:08 AM** Amendment 450692 by Senator Bradley  
**10:00:11 AM** Senator Bradley explains amendment  
**10:00:31 AM** Chair Pizzo reports amendment  
**10:00:35 AM** Public testimony  
**10:00:44 AM** Rocky Ford  
**10:01:56 AM** Elton Langford  
**10:05:20 AM** Chereose Stewart  
**10:07:03 AM** Betsy Condon  
**10:09:44 AM** Patrick Bell, Lafayette Counties  
**10:10:15 AM** Jared Gregas, Florida Association of Counties  
**10:10:42 AM** Darrell Smith  
**10:12:43 AM** Debate  
**10:12:45 AM** Senator Boyd  
**10:13:13 AM** Chair Pizzo  
**10:14:05 AM** Senator Bradley closes on bill  
**10:15:44 AM** Roll Call  
**10:16:09 AM** Chair Pizzo turns chair to Senator Bradley  
**10:16:18 AM** Sen. Calatayud motion to vote Yea after Roll Call on tabs 1, 2, 3, & 6  
**10:16:38 AM** Sen. Gruters motion to vote Yea after Roll Call on tabs 4, 7, & 10  
**10:16:45 AM** Sens Burgess motion to vote Yea after Roll Call on tabs 1, 2, 3, 4, 5, & 6  
**10:16:51 AM** Sen. Pizzo motion to vote Yea after Roll Call on tabs 1, 2, 3, 4, 5, & 6  
**10:17:01 AM** Senator Pizzo moves to adjourn  
**10:17:03 AM** Meeting Adjourned